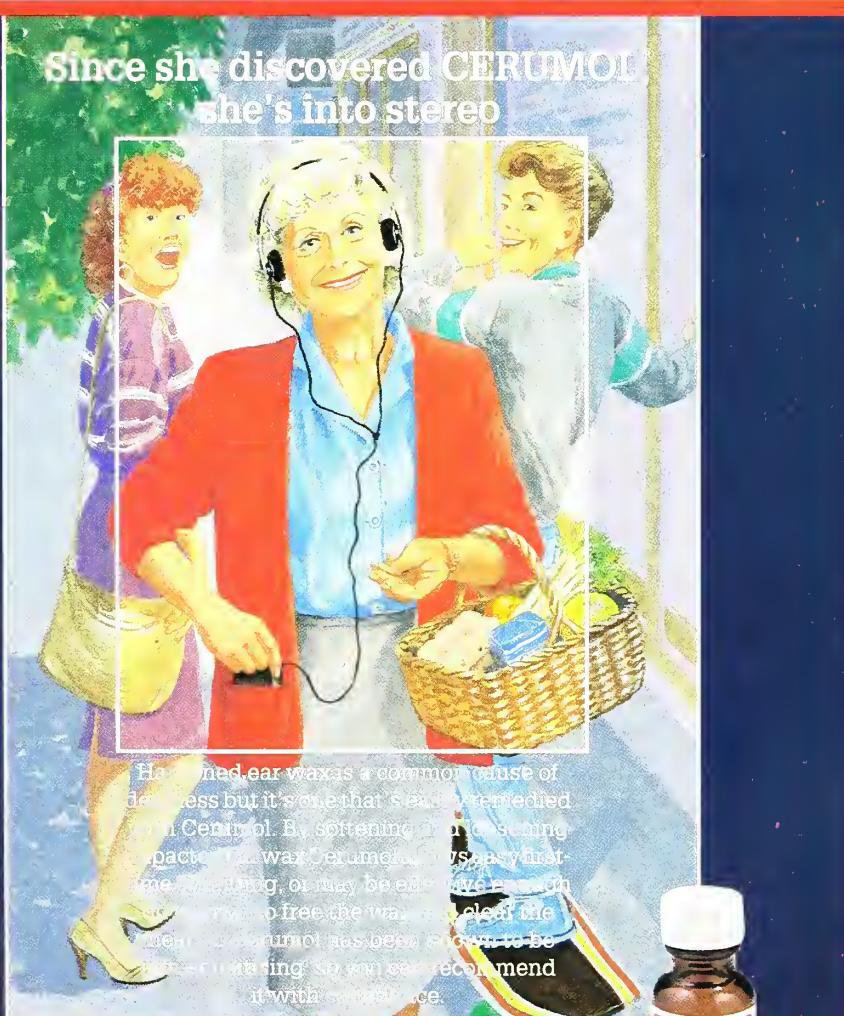


CHEMIST & DRUGGIST

The newsweekly for pharmacy

March 19, 1994



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Ref 1. Holmes RC, Johns AN, Wilkinson JD, Black MM, Rycroft RJC. J Soc Med 1982, 75: 27-30.

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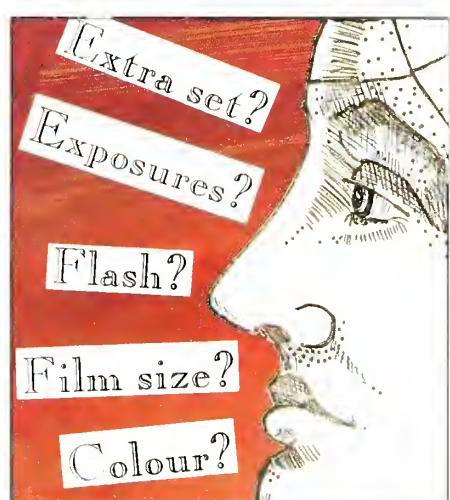
DoH offers PSNC 2pc as PCC settles

Wilts pharmacy faces outspoken GP opposition

Antibiotics face more resistance

PSG looks to the future

ABPI raps three drug companies



D&P: ask the right questions

What's the most effective NRT for highly dependent smokers?



“In the most highly nicotine dependent smokers (craving a cigarette on waking) nicotine 4 mg gum seems the most effective form of replacement therapy at present.”

(Analysis of the results of 28 randomised trials of nicotine 2 mg chewing gum, six trials of nicotine 4 mg chewing gum, and six trials of nicotine transdermal patch.)¹

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Pharmacia Pharmacia Ltd., Davy Avenue, Milton Keynes, MK5 8PH.

1. Tang JL, Law M, Wald N. *BMJ* 1994; 308: 21-6

Product Information: **Presentation:** Nicorette Mint Plus contains 4 mg of nicotine in a chewing gum base. **Indication:** An aid to smoking cessation. **Dosage and Administration:** Each piece should be chewed slowly for 30 minutes. After 3 months ad libitum dosage, Nicorette Mint Plus should be gradually withdrawn. Maximum recommended daily dose: 15 x 4 mg pieces. Not suitable for children. **Precautions:** Peptic ulcer, gastritis, angina, coronary disease. **Contra-indications:** Pregnancy. **Adverse effects:** Occasional hiccups, indigestion, hypersalivation, throat irritation. **Package Quantities:** Boxes of 105 and 30 pieces, in blister strips of 15 pieces. £3.98 (30), £10.80 (105) (trade price correct at time of printing). PL No: 0022/0113 held by Pharmacia Ltd., Milton Keynes, MK5 8PH

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Comment

Sometimes there is no joy in being clairvoyant. In the *Comment* on February 12 we predicted that pharmacists in England and Wales were likely to be offered less than the above-inflation settlement of 3 per cent offered to GPs, dentists and nurses for the next year. Mervyn Jeremiah, under-secretary at the Department of Health — the proverbial "Yes, Minister" to Dr Brian Mawhinney's "No" to pharmacy — this week delivered an offer of a 2 per cent increase in the global sum to the Pharmaceutical Services Negotiating Committee chairman David Sharpe.

There is little in Mr Jeremiah's offer for contractors, especially as he has the temerity to suggest that ministers' generosity has been prompted by the cost-efficiencies pharmacists will produce by dispensing even more scripts in 1994-95! A perverse logic indeed. The Department is happy for pharmacists to drive down the cost of the drugs bill and claim back the discounts they secure by cost-effective buying. It is happy to suggest that pharmacists encourage GPs to develop drug formularies that deliver benefit to the patient while protecting the fundholder's drug budget. However, the DoH is unhappy to pass back some of those cost savings to pharmacists, either as bottom line profit, or for use in developing their community pharmacy practice directly.

Mr Jeremiah was at it again at the British Association of

Pharmaceutical Wholesalers annual dinner on Friday (p484) along with Evan Sutherland from the NHS Supplies Association. The writing is always on the wall in a market-tested economy, instructing purchasers to find someone who can do something for, if not less than nothing, certainly less than the Government. The theory is fine as long as there are businesses which can survive the test. While it would be wrong to describe too many pharmacies as being on their uppers, nonetheless the Government is now adept at asking for more from its healthcare professionals for an ever-decreasing financial reward. While the various negotiating bodies can prove the inequity of their treatment to their own satisfaction, doubtless the Government will only feel remorse when the closure of pharmacies starts to produce public uproar.

Mr Sharpe was to have his say with Dr Mawhinney on Thursday after *C&D* closed for press. PSNC will sit in judgment on the 2 per cent offer next week. While all want a quick settlement, contractors in England and Wales want some justice. Judging by the "straight bat" with which the Scots have accepted their belated 1993-94 settlement, and Northern Irish (unusually first past the post) their 1994-95 settlement (p452), they feel justice has been done in some small measure, but for their counterparts the worst may be yet to come.

DoH offers 2pc to England and Wales

Pharmacy contractors in England and Wales have this week been offered a 2 per cent increase in their remuneration for 1994-95 by the Department of Health, which would lift the global sum to £653.4 million.

The Pharmaceutical Services Negotiating Committee is not commenting on the offer before its monthly meeting next week. However, PSNC is bound to be disappointed that pharmacists have again been offered less than other health professionals. The Government has already agreed to the 3 per cent increase recommended by the review bodies for doctors, dentists and nurses.

PSNC officers were due to see the Health Minister Dr Brian Mawhinney on Thursday. The matter may have been aired with him then, although the main reason for the meeting was to discuss the move to local budgets.

The Department wants to keep talks on the 1994-95 settlement separate to those on longer term changes in the remuneration structure. Under-secretary Mervyn Jeremiah says he wants to bring talks to a "rather more rapid conclusion that we have managed in previous years".

October trial for nurse prescribing?

Nurse prescribing could be under way in some areas in October, according to the junior Health Minister Tom Sackville.

Responding to a question in the Commons from Liberal Democrat MP Liz Lynne, he says: "Primary legislation was enacted in 1992. Work is currently in hand to introduce the necessary subordinate legislation which should enable nurse prescribing to commence in demonstration sites from October 1994."

Meanwhile in the House of Lords the Countess of Mar, patron of the Dispensing Doctor's Association, was asking the Government to amend the Drug Tariff pt xviii A/B/C.

She says this would enable dispensing doctors' patients to buy NHS drugs which cost less than the prescription charge in the same way that patients of prescribing doctors may purchase NHS drugs from a pharmacist.

Baroness Cumberlege, junior Health Minister, replied: "There are no plans to amend pt xviii of the Tariff."

Apologising for not being able to present an offer sooner, he says that the overriding need to keep public expenditure under firm control has meant this year's public pay offers are subject to careful scrutiny. "In particular, any increase in the pay bill must be justified in terms of continuing increases in productivity."

Ministers were persuaded to make the 2 per cent offer in the expectation of further improvements in cost efficiency, suggests Mr Jeremiah. Script volume is forecast to rise by 4 per cent in 1994-95.

The Department sees this coming year as an interim period in the move towards revised longer-term arrangements and proposes to leave the present

remuneration structure broadly intact.

PSNC is likely to go along with this approach, so the two tier dispensing fees, interim professional allowance, mark time payments and non-core fees will continue broadly as now. The Department, however, wants to see some reduction in the differential between the high and lower rate dispensing fee in preparation for the introduction of a flat-rate fee.

A plenary meeting with DoH officials is likely towards the end of the month. "An early settlement will then enable us to turn our attention to the detail of the longer term arrangements for pharmacists' remuneration," says Mr Jeremiah.

NI settles

A revised structure of payment for Northern Ireland's pharmaceutical services for 1994-95 has been agreed between the Department of Health and the Pharmaceutical Contractors' Committee.

The professional allowance will be £6,000 per annum, paid on a monthly basis of £500 and graduated for those pharmacies dispensing between 800 to 1,300 prescriptions per month.

The new two tier dispensing fees will be £1.50 up to 1,300 prescriptions per month and £0.88 above 1,300. An on-cost of 1 per cent will be applied to "expensive prescriptions" with an ingredient cost over £50.

The Essential Small Pharmacy Scheme will be extended so that any pharmacy over one kilometre from the nearest NHS-contracted pharmacy may be included. There will be a £500 professional allowance and the fee of £1.50 per prescription up to the level of 1,300 per month.

Two more new faces join PSNC

Two more members of the Pharmaceutical Services Negotiating Committee have been ousted in the two outstanding regional elections.

Neil Maxwell has replaced Marshall Gellman in the North Western Region, while Steven Williams was successful in the Mersey seat which was also contested by Jeremy Clitheroe. Mr Clitheroe had resigned as the National Pharmaceutical Association's representative on PSNC

to stand for direct election.

He told *C&D*: "Naturally I was disappointed but it was very close run. There were only 29 votes between us out of about 300 cast. That equates to the votes of two members with multiples."

Mr Clitheroe still aims to be active in pharmacy politics, both locally and through the National Pharmaceutical Association.

Mr Williams says he thinks it is time to bring new life, new ideas and new approaches to PSNC so that, hopefully, it will be more successful than in the past.

"We should demonstrate ways that pharmacy can help save money and increase the value of the pharmaceutical service to the

Government," he says. One idea was for partial generic substitution on prescriptions.

There is also a need to prove the value of pharmacists on family health services and local health authorities to the Government, he believes.

Neil Maxwell told *C&D* that one of his priorities is to improve communication between PSNC and the local pharmaceutical committees. He aims to attend a meeting of each LPC in his region at least once a year. It is important for LPCs to combine resources and talk together within the regions, he says. Again, voting between him and Mr Gellman was "very close."

Council nominee

Hassan Argomandkhah, founder member of the Rescue the Independent Pharmacy, is standing for election onto the Royal Pharmaceutical Society's Council.

Health ads top list

More complaints are made about health-related adverts than any other category, according to the annual report of the Advertising Standards Authority.

Anapolon 50

Syntex Pharmaceuticals are warning pharmacists about counterfeit Anapolon 50 tablets. Packs contain no oxymetholone but look similar to the Syntex manufactured version except that the company logo is absent and the livery colours differ slightly in tone. The batch number is the same as an authentic batch, 91143, but the manufacture and expiry dates on the counterfeits are 4/92 and 4/97 respectively. The counterfeits are slightly

thinner and whiter than the authentic ones. Pharmacists who believe they hold counterfeit stock or have information on its availability are asked to contact Syntex medical information services on 0628 33191.

FP10(S) withdrawn

At the request of the Ministry of Defence, the Department of Health is discontinuing form FP10(S) from April 1. FP10(S) is a buff-coloured prescription form used by medical officers in the services and nominated civilian doctors. To avoid reimbursement losses PSNC is advising pharmacists not to dispense any orders on FP10(S) on or after April 1.

Living with Eczema

A 30 minute video for eczema sufferers has been produced by the National Eczema Society and the NPA with the help of a grant from Glaxo. "Living with eczema" costs £5.99. Send cheque or postal order made payable to "Living with eczema" to Living with

Eczema, 21 Montholme Road, London SW11 6HX.

Continence helpline

Funding has been given to the Continence Foundation for a full time telephone helpline (091-213 0050) for people seeking confidential advice and information. The Continence Foundation can be contacted at 2 Doughty Street, London WC1N 2PH.

Scottish script costs

Pharmacists in Scotland dispensed 4,301,609 prescriptions in December 1993 at a gross cost of £36,042,820 (less charges £33,777,940). The average ingredient cost was £6.94 and gross total cost £8.38 per prescription.

... Northern Ireland

Pharmacists in Northern Ireland dispensed 1,588,764 prescriptions in December 1993 at a gross cost of £14,010,375 (net £13,488,365). The net ingredient cost was £7.27 and gross cost £8.82 per prescription.

Community group delay makes waves

The Young Pharmacists Group is angry that the new Community Pharmacists' Group has been put "on the back burner."

The Royal Pharmaceutical Society's Council has decided by a majority of one vote not to proceed with the election of the new group's committee because only 672 pharmacists had joined at the time of last month's meeting (*C&D* last week p430).

It was felt that a committee elected from such a small percentage would not represent the views of the community sector as a whole. The matter will be reconsidered at the end of the year and more pharmacists are to be encouraged to join. The Society was anticipating at least 3,000 applicants.

YPG chairman Andrew Burr feels that if the Community Pharmacists' Group is to succeed it should be taken forward without delay. If the Group had been seen to be more positive, more people would have joined.

"Council did not encourage it to flourish and this may have been a tactical decision by those who didn't want it to succeed," he



says. "People have paid £10 and the Society has not gone out of its way to promote the group. What will they do with the money?"

The YPG executive will meet on March 27 to decide on a strategy. It might take the matter to the Society's annual meeting or seek an emergency general meeting.

But Noel Baumber, who opposed proposals for the new group when he was on Council, was not surprised it had run into

difficulties.

"There seems to be no driving force to see it through," he says. It showed that democracy could get things started but energy and drive were needed for success. However he did not think the Council should "kill off" the group yet, because the Agricultural and Veterinary Pharmacists' Group worked well with only a small number of members.

One of the main protagonists

of the new group, Peter Curphey, says its philosophy was based on the premise that a substantial minority of pharmacists believed that the current pharmacy bodies failed to represent their interests. He is disappointed that these people have not joined.

Analysis of the first 561 members shows that the majority (36 per cent) were pharmacy managers and only a quarter were proprietors; 17 per cent were locums.

Wilts pharmacy puts up with outspoken local GPs

A Wiltshire pharmacist believes he is the victim of an anti-pharmacy campaign by local doctors who resent him taking away their dispensing business (see **Letters** p482).

Sultan Dajani recently started working at the newly-opened Edwards Chemist, an essential small pharmacy in Durrington, near Salisbury. Local doctors had opposed the pharmacy opening, telling patients that it would mean losing their choice of doctor and some of the services offered.

"The fees which the Avon Valley Practice and Dr Grummitt receive for providing drugs and medicines subsidise all the other work we do to provide services to patients. If the chemist's shop opens, the income will be lost," they wrote in a leaflet.

Wilts Family Health Services Authority turned down the pharmacy's initial application to dispense, but permission was granted later by the Appeals Unit in Harrogate.

Mr Dajani claims that, since he opened, the doctors have sent prescriptions 12 miles away to Boots. They implied his pharmacy did the same thing as he did not stock any medicines. This has

meant some patients having to wait 48 hours for supplies.

The doctors have also prescribed foreign branded and discontinued lines, which in one case forced Mr Dajani to make at least 10 telephone calls and culminated in the drug company concerned having to confirm the discontinuation directly with the doctor.

One of the doctors wrote to Mr Dajani telling him to stop selling sugar-containing sweets and advising him to "keep in touch with your job market; I believe your stay in Durrington will prove temporary".

At least three patients have written to Wilts Health Commission complaining about the doctors' behaviour. One says she and "lots of young mums" are pleased to have a pharmacy in the village and would hate to see it close. Another says the doctors' action must be stopped "before we lose the chemist we have desperately needed for years".

Ray Jephson, secretary of Wilts LPC, says the Committee has approached the Health Commission and had been told the doctors were not working outside their terms of service. The matter would, however, be investigated

further.

He has also asked Boots in Salisbury if it was in the best interests of the profession for them to dispense the doctors' prescriptions. Mr Jephson pointed out that the LPC had fought to establish a pharmacy in Durrington and they could be undermining this work. Boots agreed to "look at it again".

Mr Jephson has also asked the Company Chemists' Association representative on the LPC to take it up with his company.

None of the five doctors was prepared to comment on the matter to *C&D*. A spokeswoman for Wilts & Bath Health Commission says: "We are aware of the problems and are looking into it."

Dispensing doctors in Winterton, Humberside, have asked Boots in Scunthorpe, some eight miles away, to provide a collection and delivery service for their patients, bypassing the recently opened Foster & Plumpton pharmacy.

David Newton, Humberside LPC secretary says: "For a pharmacy to go in league with dispensing doctors to try and close down another pharmacy is disgraceful."

Practice pack to prompt research

Pharmacists are being encouraged to undertake their own small scale research projects by the Pharmacy Practice Research Resource Centre with the launch of the Centre's first project pack this week.

The pack contains guidance on how to conduct a study investigating prescription interventions by community pharmacists.

It comprises a workbook of instructions, a set of report forms for collecting data, a copy of Epi Info (a software package that can be used to analyse data) and details of intervention research that has already been carried out.

The pack is free to any community pharmacist and is available from Karen Hassell at PPRRC. Tel: 061 275 2342/2415.

PSG halves subscriptions

The Pharmacy Support Group is to reduce its annual membership fee from £100 to £50 because more pharmacists have joined than were expected.

Those who had already paid £100 would now be offered two years membership for this fee, says chairman Gerald Zeidman.



Where do we really stand on contract limitation?

A letter in last week's *C&D* from H. Mullan of Egham highlights the problem of the continuing expansion by multiple companies into non-contract holding pharmacies. Both Boots and Tesco are actively establishing these pharmacies, and while they have every commercial right to do so, they presently have little prospect of obtaining an NHS contract for their new outlets.

We do, therefore, have to look at the logic behind their investment and I am drawn to the conclusion that both companies are gambling on sufficient change being introduced into contract limitation criteria to enable the majority of these new shops to obtain NHS contracts in the near future.

Meanwhile the practice of satellite dispensing continues to gather pace with the Department of Health

apparently dragging its heels over amending the NHS regulations to bring England and Wales in line with Scotland and ban non-contractual NHS dispensing.

Government intransigence wrecked most of the benefits from the original legislation on contract limitation and the legacy of that mistake can still be seen in the clustering of pharmacies in urban areas. Big Brother has never been more active and the independence of pharmacy as a profession is under threat from multiple self-interest. Virginia Bottomley has reiterated her support for contract limitation but these words must now be quickly translated into deeds because they are obviously not being believed in the corridors of corporate power.

Disgruntled by a fickle public

Seton have just lowered the price of Cuprofen to compete with generic ibuprofen rather than continuing to see the brand as a premium alternative to Nurofen. I can see the logic in this move. Despite having stocked and promoted Cuprofen ever since its original launch, its share of the market has steadily declined in the face of the two pronged attack of heavily advertised Nurofen and the price conscious generic buyer.

The logic is inescapable and I will now use Cuprofen as my generic. It is however, another example of the obstinacy of that section of the public who, even when money is tight, would prefer to pay up to three times the price for advertised brands when their generic equivalents are easily available and often offered by myself as better value alternatives. Suspicion that they are being sold inferior products seems to dominate their thinking and my sound professional advice is ignored.

I am the proud possessor of a bottle of cough mixture which has sat on my shelf

throughout this winter. Nobody will buy it, even at a reduced price. The carton is dented therefore the product is inferior! Equally, products with short expiry dates will spontaneously self-destruct and if the name is unfamiliar it cannot work ... but print that propolis is the latest miracle for arthritis on page one of a national tabloid and suddenly demands exceeds supply!

Dotty often says I worry unnecessarily and that a fool and his money are soon parted. Her cynicism is well-meant but it hurts my professional pride that my sound advice is so often ignored when faced with the irrefutable logic of the journalist's guile.

More Tariff moans...

It has been a long time since I last moaned about the inconsistencies of the Drug Tariff but twice this week I have lost money in undertaking my contractual responsibilities. Both cases occurred because I was unable to claim broken bulk on products I had to buy in larger quantities than that prescribed. The first for 28 x 150 Intrasite gel and the second for 10 Topper 8 dressings.

Both these scripts were hospital initiated and therefore impossible to have amended so I am now substantially out of pocket. The problem is simple to understand and the solution obvious, so once again I will ask the question: why can our negotiators not insist on broken bulk being allowed on all products which we have to buy to satisfy the quantity for a properly prescribed prescription?

I am obliged under my contract to dispense within a reasonable time any NHS prescription presented to me. PSNC should now insist that I am properly reimbursed the costs of obtaining that prescription regardless of the arbitrary rules imposed within the Drug Tariff by the Department of Health. What regulations govern our payments and by refusing to allow broken bulk is the Department contravening those regulations? Certainly they are not serving the interests of natural justice so if the deaf ear still rules perhaps we should turn to the courts for help.

Third audit challenge on the way

The third challenge in Moving to Audit — an Education Package for Pharmacists — is being sent out to pharmacists in England within the next couple of weeks.

David Pruce, audit fellow at the Royal Pharmaceutical Society, says that 1,400 pharmacists responded to the first challenge. Mr Pruce decided to send challenge two and three to all pharmacists as a reminder.

"This has certainly worked as we are getting 40-50 replies a day," he says. Those who have applied at the challenge two stage will receive their personalised replies at the same time as the challenge three mail out.

Anyone requiring further copies of the package should contact David Pruce at the RPSGB.

Pharmacies continue New Year decline

The number of registered pharmacies in Great Britain dropped by 20 in February to 12,037 in line with the usual fall-off after Christmas.

In England 23 pharmacies started trading while 38 closed down, giving a net loss of 15.

In Wales two pharmacies started trading while one closed. In Scotland two new pharmacies opened and eight closed.

A large proportion of the new pharmacies opened belonged to the larger multiples. Nine were in Tesco supermarkets: eight were non-dispensing outlets.

Tesco announced they would be opening a number of non-NHS pharmacies before Christmas (*C&D* November 20 p929).

Welfare milk success?

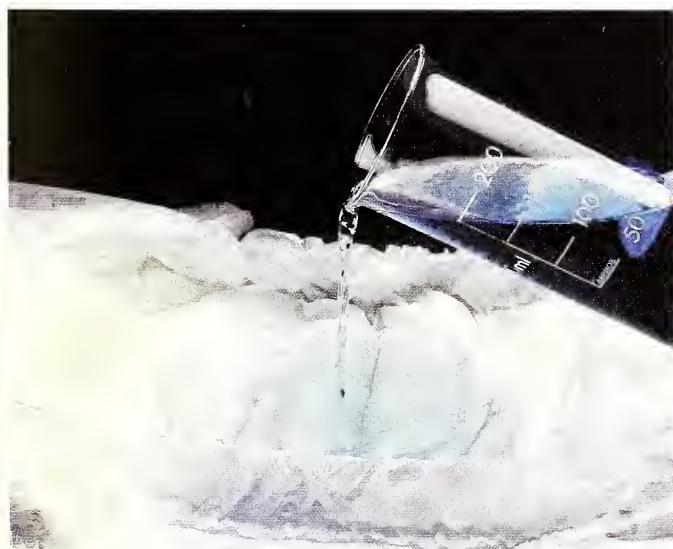
A welfare milk distribution working model has been agreed, with the scheme to go before the Department of Health next week.

The Infant & Dietetic Foods Association (IDFA) say they have received support for their proposal from the National Pharmaceutical Association, the Pharmaceutical Services Negotiating Committee and Boots, as well as from manufacturers and wholesalers.

Adrian Bishop, chairman of the IDFA infant milk group sub committee told *C&D*: "We believe that the model fulfils the DoH's objectives and we will be surprised if they say it is not a workable system."

Topical REFLECTIONS

The competition are wetting themselves.



LEADING NAPPY



NEW HUGGIES

The market leader is not sitting comfortably. The US Brand Leader Kleenex® Huggies® Ultrathin Nappies, are now available here.

Huggies are more absorbent than the leading nappy, helping to keep even the heaviest wetters dry day and night.

And incredibly, they're only half as thick. So that means a much better fit on baby and on your shelves. Impressed by over £15 million advertising and direct mail support, mothers

will be rushing to change their babies' nappies. Shouldn't you be changing yours?



IT'S TIME TO CHANGE YOUR NAPPY.

Script specials



New dispensing packs of Questran and Questran A are being introduced by Bristol-Myers Squibb. The packs (£63.19 and £66.34 respectively) contain 3 x 60 cartons of sachets with patient information leaflets. The hospital packs of 20 sachets are to be replaced by cartons of 60 priced £21.06 and £22.11. The company hopes the bright graphics will encourage patient compliance. Bristol-Myers Squibb. Tel: 081-572 7422

Syntex give filter

Syntex are providing Braun Sterifix in-line filters with all stock of Cymevene (ganciclovir sodium) solution. The single use filter has a standard Luer-lock and should be fitted between the terminal end of the giving set and the cannula. Syntex. Tel: 0628 33191.

Gone all plain

From the end of March, Angettes tablets (aspirin 75mg) will no longer contain orange flavouring. Bristol-Myers Squibb. Tel: 081-572 7422.

On the Tariff

Biocare's visual blood glucose testing strips, Glucose VT (£8.50 for 50 strips) will be listed in the Drug Tariff from April 1. Biocare International. Tel: 0778 570441.

Norton ampicillin

Norton have added ampicillin oral suspension to their range in 125mg/5ml (100ml £0.80) and 250mg/ml (100ml £1.07) strengths. H.N. Norton & Co Ltd. Tel: 0279 426666.

Omnopon labelling

In order to comply with the new Papaveretum BP definition the labelling of Omnopon has been changed. Omnopon Adult (Omnopon 20) is now labelled Omnopon and the carton text has been changed to read Omnopon, Papaveretum 15.4mg in 1ml. The formulation remains the same. Roche Products Ltd. Tel: 0707 366000.

Migravess in stock

Migravess and Migravess Forte are back in stock and the product is available from wholesalers. Bayer apologise for the inconvenience the recent supply difficulties have caused. Bayer. Tel: 0635 39000.

DF118 goes forte

Napp are introducing DF118 Forte tablets, a normal release 40mg tablet containing dihydrocodeine tartrate.

The white tablets, engraved "DF118" on one side and "Forte" on the other, are indicated for the relief of severe and chronic severe pain. The dosage is one tablet three to four times daily with or after food. DF118 Forte are not recommended for children under 12 years old.

The tablets (classified POM [CD sch 5]) are supplied in tamper-evident containers of 10 (NHS price £12.05). PL0337/0230. Napp Laboratories. Tel: 0223 424444.



Rhône-Poulenc Rorer, working with the Royal National Institute for the Blind, have introduced the first treatment pack, the anti-arthritis Oruvail 150, to carry the trade name in Braille. Other products will be repackaged later. The RNIB has recently launched its "See it right" initiative and wants all manufacturers to use Braille on packs.

Medical Matters

Aspirin use in pre-eclampsia should be restricted

Results of a large study of the use of aspirin for the prevention and treatment of pre-eclampsia during pregnancy do not support the routine prophylactic or therapeutic use of antiplatelet therapy in all pregnant women with an increased risk of pre-eclampsia or intrauterine growth retardation (IUGR).

Pre-eclampsia is a common and serious complication of pregnancy where women experience high blood pressure, oedema and protein in the urine. It affects approximately 50,000 women annually and can lead to kidney damage and even death. Pre-eclampsia can also cause IUGR and even foetal death.

Pre-eclampsia is associated with excessive production of thromboxane and activation of the clotting system with involvement of the platelets. Therefore aspirin and other antiplatelet agents had been used in attempts to prevent or manage the condition.

Previous small studies had

The black death is back

Bubonic plague is commonly perceived as a disease of the Middle Ages. However, in many developing countries, plague is still a killer disease.

According to the World Health

suggested that anti-platelet therapy, particularly low-dose aspirin, produced larger reductions in the incidence of pre-eclampsia and some avoidance of IUGR.

Results of the study, involving over 9,000 women, have been published in *The Lancet*. Overall the use of low dose aspirin (60mg) was associated with a reduction of only 12 per cent in the incidence of proteinuric pre-eclampsia, which was not significant. There was no significant effect on the incidence of IUGR or stillbirth and neonatal death. However, aspirin did reduce the likelihood of preterm delivery.

The authors say low-dose aspirin may be justified in women judged to be especially liable to early-onset pre-eclampsia (before about 32 weeks) severe enough to need very preterm delivery. In such women low-dose aspirin should be started prophylactically early in the second trimester of pregnancy.

Organisation nine countries reported a total of 1,768 cases including 198 deaths, in 1992. The countries were Madagascar, Zaire, Brazil, Peru, United States (13 cases, two deaths), China, Mongolia, Myanmar and Vietnam.

Experts believe these figures are actually an underestimate of the size of the problem because of inadequate surveillance and reporting.

Plague is carried by rats and spreads mainly from rats to humans by fleas biting a sick rat first then a human. The most common form is bubonic plague with a sudden onset of severe illness, headache, shaking, chills, fever and pain in the affected regional lymph nodes.

Vaccines against plague are available but because they only provide limited short-term immunity, revaccination is required which has adverse side effects. Therefore vaccination is only recommended for high-risk groups and should only be used for the prevention of plague, not as a means of control during an outbreak.

However, travellers should be reassured that the risk of infection with plague is very small.

The bath oil that doesn't just work in the bath.



If the skin is dry, sensitive and irritated, using soap or any bath additives that foam can make it worse. But Bath E45, an unperfumed oil, can make it a lot better.

Bath E45 treats the whole body simply and effectively. Dermatologically tested and allergy-screened, Bath E45 soothes and softens dry, rough, itching skin, while replacing lost moisture. Bath E45 forms a protective film over the skin, and, due to its silicone content, it keeps the moisture in, and the skin feels the emollient effect long after bathing.

Trials provide ample evidence for the superior efficacy of Bath E45. They show that Bath E45 has a longer-lasting effect than two leading bath emollients¹ and compares well with standard therapy².

Available on FP10 or OTC, Bath E45 can be recommended for bathing dry skin, including such conditions as eczema, dermatitis and psoriasis.



ESSENTIAL MOISTURE THERAPY FOR DRY SKIN

References: 1. Data on file, Crookes Healthcare Limited, Report No. CPD 223A 2. Data on file, Crookes Healthcare Limited, Report No. M89142

For detailed information on Bath E45 and the full range of E45 products, contact: Crookes Healthcare Limited, Nottingham NG7 2LJ.

The cold remedy market can be dog eat dog.



(Guess who's got a big bite.)

In the £20 million oral decongestant market, Mu-Cron is looking pretty fierce. Last winter, sales increased by 31%. It's not surprising. In just one tablet, Mu-Cron is let off the leash. It helps clear catarrh and unblocks nasal congestion fast, while paracetamol relieves the pain. Which means there's no danger

of congestion on your shelves either. Thanks continued TV advertising support, sales of Mu-Cron are positively bounding along. And another winter TV spend of £750,000 should have the competition's hackles rising. So make sure you're part of sales success in 1994. They can't muzzle Mu-Cron.

FOR FURTHER INFORMATION ON MU-CRON, PLEASE TELEPHONE ZYMA HEALTHCARE ON 0306 742800 AND ASK FOR SALES SERVICES 'MU-CRON' IS A REGISTERED TRADEMARK

ciba ZYMA HEALTHCARE IS PART OF THE CIBA GROUP

PRESaENTATION Each tablet contains 500mg Paracetamol BP and 25mg Phenylpropanolamine Hydrochloride BP. **Uses:** For the relief of sinus pain, nasal congestion and catarrh. For the symptomatic relief of influenza, feverishness and feverish colds. **Dosage and Admins** Adults and children over 12 years: One tablet up to four times daily, allowing four hours between doses. The maximum daily dose is four tablets. **Contra-Indications, Warnings, etc** Contra-Indications: Severe heart disease, hyperthyroidism, diabetes, high fever. Patients with hypertension or receiving anti-hypertensive medication. Use during, or within 2 weeks of stopping, therapy with Monoamine Oxidase Inhibitors. Concomitant treatment with sympathomimetic agents. **Precautions:** Caution in patients with angle closure glaucoma, prostatic enlargement, during pregnancy or those receiving continual prescribed medication. **Legal Category:** P. **Product Licence No:** 0001/0110. **Distributed by:** Zyma Healthcare, Holmwood RHS 4NU. **Retail Price:** 12s £2.02, 30s £3.39. **Date of Preparation:** December

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Counterpoints

Tagamet goes OTC with £6.5m support

Tagamet 100 is now available without prescription for the specific indications of heartburn, hyperacidity, dyspepsia and nocturnal heartburn. Reps are taking orders now for delivery "in the first weeks of April".

Patients are recommended to take two Tagamet 100 tablets when symptoms arise and two more if symptoms persist for over an hour. Tagamet 100 is also indicated for the prophylactic management of nocturnal heartburn and the recommended dose for this indication is one tablet an hour before going to bed. The maximum recommended dose is 800mg (eight tablets) daily and the maximum treatment period is two weeks.

Tagamet 100 is a diamond-shaped, film-coated tablet containing 100mg cimetidine. They are presented in blister packs of 12 (£2.29) or 24 (£3.99) tablets. Initial bonus terms will yield 41 per cent profit on return, standard terms are 35 per cent POR, says the company.

Packs and advertising will feature the eclipse logo which consumer and pharmacy research has shown to be "relevant and distinctive", according to senior product manager Chris Harley-Martin.

Cimetidine binds to cytochrome p450 and can affect the clearance rate of theophylline, warfarin and phenytoin. Patients on these drugs should be referred to their GP.

Cimetidine crosses the placental barrier and is also excreted in breast milk. Therefore it is not recommended during pregnancy or to women who are breast feeding. Patients under 16 should not be sold Tagamet 100. Extra caution should be taken with elderly patients and/or those who are taking non-steroidal anti-inflammatories. If symptoms persist after a short course of treatment or the patient reports gastro-intestinal bleeding



they should be referred to their GP.

Smithkline Beecham Consumer Healthcare, in conjunction with a national advisory group of gastro-enterologists, pharmacists and GPs, have produced an information and training programme which includes a four-part pharmacy reference and training manual. The first two parts are being sent out now, with parts three to four to follow in three to four weeks.

In addition the company will be holding training evenings for pharmacy assistants and participating in the National Pharmaceutical Association (NPA) endorsed distance learning programmes for pharmacy assistants.

Consumer advice leaflets (with a holder), produced with the assistance of pharmacists, will be available at point-of-sale and all pharmacists will be provided with "recommender" cards to help identify customers who are suitable for

treatment with Tagamet. There are also shelf edgers and a A4 showcard. All POS material will be delivered with the first order, Smithkline Beecham say.

The total support package for the brand during 1994 will be £6.5 million. This will include an eight to ten-week national TV campaign beginning on April 25, with Press activity — mainly in women's magazines — running throughout July, August and September. Another four to six-week burst of TV exposure will run from October to November.

General manager John Clarke says he expects the way the company handles the "most talked about switch to date" of one of the world's ten best-selling drugs, will be seen to have had a most significant impact on deregulation. "Switching ingredients is the life blood of OTC growth." **Smithkline Beecham UK.** Tel: 081-560 5151.

Pepcid package with pharmacists

By now most pharmacists in the UK will have received an educational presentation pack for Pepcid AC from Centra Healthcare.

Each pack contains OTC H₂-antagonist training

information for the pharmacist and pharmacy assistant. Pepcid product details, GI protocol stickers and cards and sample packs. **Centra Healthcare.** Tel: 0494 450487.

Hayfever relief OTC with Brol-eze

Rhône-Poulenc Rorer are introducing an OTC presentation of sodium cromoglycate eyedrops following the deregulation of the drug in the latest POM to P Order. Brol-eze eye drops contain 2 per cent cromoglycate in an aqueous solution.

Brol-eze eyedrops provide symptomatic relief of the itch, soreness and redness associated with allergic conjunctivitis (hayfever eyes). SCG acts by preventing the body's hypersensitive reaction when exposed to minute levels of allergens such as pollen.

The 10ml pack (£3.59) differs from conventional eyedrop bottles as it has a longer barrel and is manufactured from softer plastic, both features which gives the user greater control when inserting the drops.

Although the concentration of SCG is high, the quantities used are small. SCG eye drops produce very few systemic effects as the eye is pharmacologically separate from the rest of the body. The drops are generally well tolerated although some patients may experience transient stinging.

Patients should use the drops four times a day and should understand that they will not obtain immediate relief. There will be some relief of symptoms within two to three days and maximum benefit is obtained after a week of treatment.

It is important for pharmacists to emphasise to patients the need for them to start using the Brol-eze eyedrops a few days before they expect to suffer an attack of allergic conjunctivitis. Brol-eze can be used throughout the hayfever season without any risk of rebound effect.

Dr Paul Usser, an ophthalmologist at Greenwich Hospital, agreed that treatment of eye conditions is an emotive area but with the correct information pharmacists can confidently diagnose and treat allergic



conjunctivitis. The condition is usually seasonal, bi-lateral, and associated with itchy and watering eyes. It is important for pharmacists to ask if vision is affected as this might indicate a more serious underlying condition.

Rhône-Poulenc Rorer estimate that there are two million potential users for OTC sodium cromoglycate eye drops and they expect 700,000 users in the first year.

RPR say that because this is a new area of expertise for pharmacists they are providing comprehensive educational material to inform them and help train counter assistants. Support materials include pharmacist treatment guidelines, a screening aid for pharmacy assistants and a range of consumer literature.

The launch of Brol-eze is being supported by a £1 million package that includes trade and consumer Press advertising, plus a radio and poster campaign on the London Underground and point-of-sale material for the pharmacy. The theme of the campaign will be "Real relief for hayfever eyes".

For the first time RPR will be using telesales to maintain stocks during the hayfever season. Copies of the RPR range of eyecare leaflets featuring sties, blepharitis and allergic and infective conjunctivitis are available to pharmacists. **Rhône-Poulenc Rorer Ltd.** Tel: 0323 721422.

Neutralia promises safer cleansing

Neutralia is a range of face, body and hair products which claims to cleanse without upsetting the natural balance.

The range of ten products claims to respect the skin's pH balance, hydrolipid film and flora. They are hypo-allergenic, soap and colour-free and contain a hard water softener which traps lime to ensure no irritating residue is left on skin or hair.

- For the face there is Neutralia soap-free facial wash (150ml £2.99) in normal/dry skin and combination/greasy skin variants. The normal/dry skin variant contains 9 per cent moisturising ingredients, while the combination/greasy skin variant will tone the oily areas of the skin.
- For use in the shower there is Neutralia soap-free shower gel (200ml £1.99) in normal skin and dry skin variants.
- For the bath there is Neutralia softening foam bath (500ml £2.99). Free from soap it will cleanse skin while softening it.
- For the hands there is Neutralia soap-free hand wash (250ml £1.99). It is



ideal for those who wash their hands frequently or have dry skin, say Garnier.

• Haircare products include four variants of frequent use shampoo (250ml £1.99) — normal hair, fine and fragile hair, greasy hair and dry and damaged hair. The

shampoos are gentle enough for every day use, say Garnier, and have a pH of 6.8.

The promotional campaign for Neutralia had yet to be finalised as C&D went to Press. **Laboratoires Garnier. Tel: 071-937 5454.**

Beat stress with B5 complex

An anti-stress vitamin is the latest addition to the Health & Diet supplement range.

Pantothenic acid, (vitamin B5), sourced from calcium, now has an EC RDA of 6mg. Pantothenic acid tablets (£3.69 for 30) contain 500mg of vitamin B5 and are free from sugar, salt, gluten, wheat and colour. **Health & Diet. Tel: 0204 707420.**

New star flowers

Healthlife have added Starflower oil to their range of supplements.

Containing double the GLA content of evening primrose oil, Starflower comes in 250mg (30 £3.49), 500mg (30 £5.49) and 1,000mg (30 £8.99) variants. **Healthlife. Tel: 0274 595021.**

Revlon retexture hair with vitality

Revlon's Retexturising Hair Mask builds on the "pleasure principle" theme of the company's hair treatments by restoring vitality to hair.

The treatment is applied for five to ten minutes before shampooing and has a triple action: revitalising hair with silk protein which nourishes and smoothes hair where it is needed most; moisturising with essential lubricants and emollients; and improving damaged hair by "sealing" split ends and increasing hair elasticity. A 200ml pack retails at £10.50.

Revlon have also launched a new look for Summer — Pacific Blue comprising self-tanners for the face, watercolour shades for the eyes, and



terracotta and copper shades for lips and nails. The range is available in June. **Revlon International. Tel: 071-629 7400.**

Braun brush up Plaque Removers

The Braun Oral-B Plaque Remover range has been updated with the addition of the D5 Plus variants.

The D5 Plus Timer (£64.99) features indicator brush heads, which help monitor brushing technique, an oscillating head and a two minute timer.

The D5 Plus Travel (£69.99) incorporates the same features, but has a travel box and cap, and charging unit with cord storage.

The D5 Personal Plaque Remover (£49.99) has the oscillating brush head and a compact charging unit.

The OC5 Plus Oral Care Centre (£119.99) combines

the benefits of the existing MD5 Waterjet with those of the new D5 Plaque Remover.

All products come in new style packaging and consumers are offered a 30-day money back guarantee. The D5 launch will be supported by television advertising.

Throughout April and May consumers can claim a free pack containing dental rinse, dental paste, disclosing tablets and Flossette with all purchases of Oral-B Plaque Removers. Exclusive to pharmacies during April and May is the offer of a towel set with purchases. **Braun. Tel: 0932 785611.**



Aveeno range gets two new lines

The Aveeno range for dry skins (based on oatmeal) has been extended with the addition of a bath oil and a liquid cleanser.

Aveeno bath oil (250ml £5.99) is a cleansing and moisturising oil for mild to moderate dry skin conditions. It should be added to bath water or applied direct to skin in

the shower.

Emulave Fluid (500ml £7.50) is a liquid cleanser for delicate dry skin. It can be used for babies.

New information leaflets are available, explaining the benefits of oatmeal and giving details of the full range of products available. **Bioglan Labs. Tel: 0462 438444.**

High profile for Corsodyl

Corsodyl is being supported with its first national consumer campaign this year, running from April until June.

The £100,000 campaign will include posters, radio

and Press advertising. The slogan reads "If you don't look after your gums, your teeth could end up in deep water", with a picture of a set of dentures in a glass. **Smithkline Beecham. Tel: 081-560 5151.**

Win a free trip to Vancouver

Unichem are offering pharmacists the chance to win a free place on their convention in Vancouver when they order Garnier's new Neutralia products.

To enter, pharmacists have to order £50 of Neutralia products, which are exclusive to Unichem customers until March 31.

Unichem are also giving away mobile phones to pharmacists who order 15 cases of selected branded products. These include Seven Seas cod liver oil, Lemsip Flu Strength, Optrex lotion and eye bath.

Unichem. Tel: 081-391 2323.

Extra support from AAH

AAH are offering pharmacists a range of incontinence products under their Home Health brand.

Independent pharmacies are offered a Home Health incontinence starter pack which includes a range of branded products from Kanga, Kylie, Sandra and Ganmill. Available from mid-April, the pack includes seven types of absorbent pads.

Products are available at discount prices. Kanga Lady briefs are £3.07 a pair and disposable bed pads are £5.76 for 25. **AAH. Tel: 0928 717070.**

THE POLLON~EZE™ NEW DRIVE



IT'S AN EYE-OPENER!

his summer both you and your customers will see an amazing new drive behind **Pollon~Eze**, supported by Centra Healthcare - a major new force in OTC with a dedicated commitment to pharmacy.

Look at the Pollon~Eze drive for relief.
non-drowsy modern hayfever treatment that provides 24 hour relief in a convenient one-a-day calendar pack.

Look at the Pollon~Eze special strengths.
It's clearly and powerfully branded for the growing OTC hayfever market. It contains a compound with

proven Rx and OTC heritage and it offers you excellent profitability.

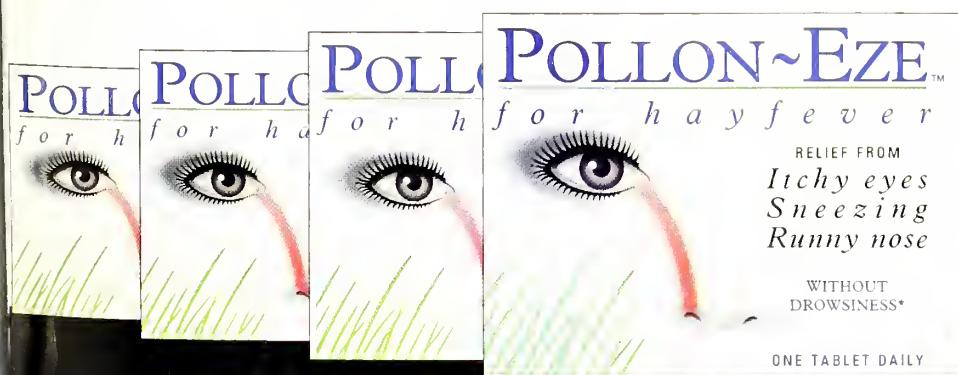
NOW look at the Pollon~Eze new drive to support your business.

We've a new £ $\frac{3}{4}$ million national radio advertising campaign to cover the whole hayfever season. Sponsored radio pollen count slots. Striking new point of sale. A bright new consumer leaflet. Plus special pharmacy training support all dedicated to supporting your pharmacy business.

Make sure you're fully stocked up for the Pollon~Eze new drive.

Talk to your Centra Healthcare representative or telephone 0494 450778.

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CENTRA
HEALTHCARE
A JOHNSON & JOHNSON • MSD
CONSUMER PHARMACEUTICAL COMPANY

TAGAMET* 100

cimetidine

NOW THE WORLD'S FIRST H₂-ANTAGONIST GOES OTC,

SmithKline Beecham Consumer Healthcare is delighted to announce that cimetidine, the active ingredient in Tagamet, has been granted a Pharmacy licence.

Tagamet was the first H₂-receptor antagonist and is one of the world's most widely prescribed medicines. Tagamet 100 will be indicated for the short-term symptomatic relief of heartburn, dyspepsia and hyperacidity, as well as for the prophylactic management of nocturnal heartburn. Your local SmithKline Beecham Consumer Healthcare representative will be calling soon with further details. This will enable you to gain maximum benefit from one of the most important POM to P switches the healthcare profession has ever seen.

A 4-part Pharmacy Reference and Training Manual and point-of-sale material has been produced by SmithKline Beecham Consumer Healthcare to ensure that you and your assistants are well equipped to handle this important therapeutic breakthrough in the pharmacy.

Make sure that you don't miss Parts 1 and 2 of this detailed training programme which will be arriving in your pharmacy soon.



Product Information: **Presentation:** White elliptical film coated Tiltab tablet containing 100 mg cimetidine. **Dosage and administration:** Adults (incl. the elderly) 6 years and over: Relief of heartburn, dyspepsia, hyperacidity. Two tablets with water when symptoms appear. If symptoms persist for more than 1 hour after dose, a second dose may be taken, but no more than 4 tablets in any 4 hours and no more than 8 tablets in any 24 hours. Prophylactic management of nocturnal heartburn. One tablet with water one hour before bed time. In all cases, not to be taken for more than two weeks. If symptoms persist for more than two weeks or re-occur, a doctor should be consulted. Not to be given to children under 16 years of age. **Use:** Short term symptomatic relief of heartburn, dyspepsia, hyperacidity. Prophylactic management of nocturnal heartburn. **Contra-Indications:** Hypersensitivity to cimetidine or any of the excipients. **Precautions:** Not recommended in patients with renal impairment, hepatic impairment, taking oral anticoagulants, phenytoin, theophylline, intravenous lignocaine; middle aged or older patients with new/changing diarrhoea symptoms; any patients with unintended weight loss and dyspeptic symptoms, because of potential delay in diagnosis of gastric cancer; with a history of peptic ulcer.

ECLIPSING ALL OTHER PRODUCTS FOR HEARTBURN, EXCESS ACIDITY AND DYSPEPSIA



SAIDS, esp. elderly; with compromised bone marrow; in pregnancy and lactation; with any other illness, using any medication, under medical supervision for other reasons. **Adverse reactions:** Diarrhoea, dizziness, rash, tiredness. Gynaecomastia, occasional liver damage, confusional states (usually in the elderly or very ill), all reversible. Very rarely, thrombocytopenia, leucopenia, agranulocytosis, all reversible. Very rarely, interstitial nephritis, acute pancreatitis, headache, myalgia, arthralgia, fever, sinus bradycardia, tachycardia and heart block, all reversible, aplastic anaemia, pancytopenia and anaphylaxis. Reports of alopecia and very rare reports of reversible impotence but no causal relationship has been established at usual prescribed therapeutic doses. Product licence number: 0002/0230. **Retail Price:** Tablet (12's) £2.29, (24's) £3.99. **Legal category:** P. **Date of preparation:** 9 March 1994. 'Tagamet' and 'Tiltab' are trademarks. SmithKline Beecham Consumer Healthcare, SB House, Brentford, Middlesex UB5 9BD. Telephone number: 081-560 5151.

SB *SmithKline Beecham*
Consumer Healthcare

Tagamet is a registered trademark of
Smith Kline & French Laboratories Limited

Brushing up on haircare

G.B. Kent & Sons have launched a number of brushes and combs.

The brightly coloured Travel Hog (£2.45) forms part of the Colors range, and comes in red/purple, black/white and purple/jade.

The Mini Headhog is a handbag size of the existing Headhog hairbrush, features cushioned, ball-tipped quills, and retails at £2.95.

It comes in yellow/blue, green/red and pink/blue when it forms part of the Colors range, and tortoiseshell, black or blue as part of the Style range.

Two combs are also new to Kent — the Fork and

Paddle combs. The Fork Comb is a handmade tortoiseshell comb with five fork-shaped "picking teeth" on one end.

The comb can be used in the usual way, then to tease the hair to add volume. The picking teeth, separate small strands. It sells at £3.75 and accompanies the Paddle comb, which is used to "rake" through washed hair before styling.

The £1.95 comb comes in pink/gold to match the existing Paddle brush.

As an introductory offer until the end of March, Kent are offering one free comb with every six. G.B. Kent. Tel: 0442 232623.



Wella add shades

Wella are adding three new shades to their Colour Confidence range of home colourants.

Soft velvet brown (shade number 77) gives reddish tones to brown hair; rich golden brown (53) gives a golden chestnut colour; while honey beige blonde (903) covers grey hair on blondes.

This brings the total number of shades in the range to 18, each retailing at £3.89. Wella Great Britain. Tel: 0256 20202.

Powerful Image

The Image range of hairdryers from Carmen has two 1,800W models, one with and the other without a diffuser.

Both have two heat/speed settings, anti-skid buttons; a detachable blow wave nozzle; and fitted plug.

The 5104 model retails at £12.99 while the diffuser model (5105) sells at £16.99. Both can be displayed in their boxes. Pifco Carmen Salton. Tel: 061-681 8321.

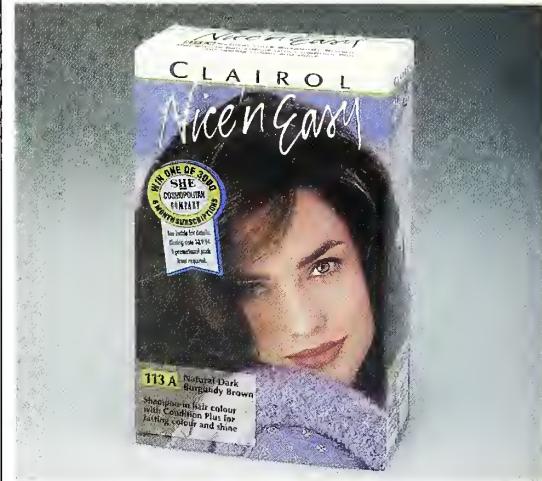
Potter's answer herbal queries

Potter's are helping pharmacists answer those nitty gritty questions about herbal medicines in the form of a *Questions and Answers Guide to Licensed Herbal Medicines*.

The leaflet covers the safety aspects, efficacy, side effects, interactions and

contra-indications of herbal products. It also stresses the importance of only taking herbal remedies which have a product licence.

Copies are available from: Potter's (Herbal Supplies) Ltd, Leyland Mill Lane, Wigan, WN1 2SB. Tel: 0942 34761.



Clairol Nice 'n Easy is being promoted with a consumer competition, offering prizes of free subscriptions to *She*, *Cosmopolitan* or *Company* magazines. There are 3,000 prizes of six month subscriptions to be given away. Entrants simply complete the wordsearch and tie-breaker slogan on the on-pack form and send off with one proof of purchase. Bristol-Myers. Tel: 0895 639911

Skin deep

A collage of various skin care and beauty products including a baby, a woman's face, a hand, a foot, a shoe, and a bottle of Savlon First Aid Kit.

Skin deep

A collage of various skin care and beauty products including a bottle of Savlon First Aid Kit, several boxes of Savlon antiseptic cream, and a box of Savlon Barrier Cream.

Lavender therapy

Norfolk Lavender have introduced an aromatherapy range based around the themes Relaxing, Invigorating and Calming.

Essential oils used include Norfolk's own lavender, ylang ylang, geranium, bergamot and

rosemary. Products available include 10ml pure essential oil, vitamin E enriched lotion and oil, skin gel and foot balm.

Point of sale material includes display stand, leaflets and leaflet holder. **Norfolk Lavender. Tel: 0485 570384.**



GB Products have introduced a counter unit for their Zeal multi-pack toothbrushes. Containing 72 packs, the parcel costs £50.40. GB Products. Tel: 0299 250321

Nicabate quit clinic

Marion Merrell Dow are supporting the development of a *Quit Smoking Clinic Help Pack* as part of their Nicabate Quit Smoking Programme.

The aim of the three part programme is to help health professionals to set up their own smoking cessation clinics.

Part one contains an information booklet which gives advice on starting up and marketing the clinic, and a weekly guide to clinic content.

Part two is a set of loose-leaf information sheets containing questionnaires and tips to stop smoking which will be distributed to smokers attending the clinic.

The Health Education Authority/BBC developed *Quit and Win* video which follows *Watchdog* presenter Ann Robinson through the quitting process is the basis for the final part.

Pharmacists interested in starting a clinic should contact their local Marion Merrell Dow representative or contact the Nicabate Helpline on 0800 266622. **Marion Merrell Dow. Tel: 081-848 3456.**

On TV Next Week

GTV Grampian

C4 Channel 4

STV Scotland (central)

B Border

U Ulster

Y Yorkshire

BSkyB British Sky

G Granada

HTV Wales & West

Broadcasting

A Anglia

M Meridian

C Central

CAR Carlton

TT Tyne Tees

CTV Channel Islands

GMTV Breakfast

W Westcountry

LWT London Weekend

Television

Askit Powders:

STV, G, ITV

Bodyform Invisible:

All areas

Colgate Precision:

All areas

Colgate Total:

All areas

Gliss Corimist:

C4, GMTV

Listerine:

All areas

Neutrogena T-Gel:

HTV, G, C4, STV, M

Nicotinell:

All areas

Oruvail gel:

All areas

Proflex:

C, M, C4, A, HTV

Radox herbal bath:

All areas except CTV, GMTV

Rennie Rap-eze:

GMTV, BSkyB

Remege:

All areas except CTV

Simple skincare:

C, A, HTV, W, M, CAR, C4

Solpadeine:

GTV, STV, B, G, Y, TT

Steradent:

HTV

Summers Eve:

C, M, CAR

Vaseline Intensive Care:

All areas

There are any number of ways people can damage their skin. And there are any number of ways Savlon can help guard skin. Everyone's familiar with Savlon Liquid and Savlon Antiseptic Cream. But Savlon also has a wide range of other skincare products, to cover just about any eventuality. And we're going to tell people about them. For 6 months, from March to August, we will be spending £1.2 million on a massive 48 sheet poster campaign, featuring no fewer than 9 different advertisements. This will be backed up by a high profile PR campaign in

national and regional press, together with merchandising support and regular promotional activity. Bold new packaging has also been designed, which will stand out strongly on shelf. It will complete the education process by carrying detailed information on how the different products can be used. Savlon provides solutions for a multitude of skin problems. In fact our understanding of the market is a lot more than skin-deep. Your customers' understanding of Savlon is soon going to be a lot deeper as well. Make sure you're ready to capitalise on it.

FOR FURTHER INFORMATION ON SAVLON OR TO FIND OUT ABOUT OUR SEASONAL BONUSES, PLEASE CONTACT YOUR ZYMA HEALTHCARE REPRESENTATIVE OR PHONE 0306 742800 AND ASK FOR SALES SERVICES



ciba ZYMA HEALTHCARE IS PART OF THE CIBA GROUP. SAVLON IS A REGISTERED TRADEMARK

SAVLON ANTISEPTIC CREAM contains Cetrimide 0.5% w/w and chlorhexidine gluconate 0.1% w/w. Indications include the cleansing and prevention of infection of all types of lesions, from minor skin disorders to minor burns and small wounds. SAVLON NAPPY RASH CREAM contains Dimethicone 10% w/w and Cetrimide 0.3% w/w. Indications include the prevention and treatment of Nappy Rash. SAVLON JUNIOR contains chlorhexidine gluconate 0.15% w/w. Indications are for the cleansing and disinfection of minor wounds, cuts, grazes, minor abrasions including insect bites and stings. SAVLON DRY SPRAY contains povidone iodine 1.14% w/w. Indications are for first aid treatment and prevention of infection in cuts, grazes, minor burns and scalds. SAVLON BATH OIL contains liquid paraffin BP 65% w/w and acetylated wool alcohols 5% w/w. Indications are for the symptomatic relief of contact dermatitis, atopic dermatitis, pruritis, ichthyosis and related dry skin disorders. See packs for further details. Further information is available from Zyma Healthcare, Holmwood RHS 4NU. Date of Preparation: February 1994



A closer shave for women

The systems razor market for women expands further with the launch of Wilkinson Sword's Lady Protector razor.

Aimed at the 11 million women who wet shave, Lady Protector is designed to reduce the risk of nicks and cuts, says the company.

The razor pack contains the Lady Protector system razor, three blades and a holding tray (£4.49). Replacement packs will retail at £2.99 for five blades.

A £2.5 million spend will back the launch, including television and Press advertising over the Summer months. Some four million money-off coupons will encourage trial of the razor.

Wilkinson Sword are encouraging male shavers to trade up from the Protector to the new Metal Protector system by offering consumers £1 off purchases of the razor when they buy a ten pack of Protector blades.

Wilkinson Sword. Tel: 0494 533300.



Perfect ...

Trevor Lloyd believed there was a gap in the market for a mass market pure perfume, so he launched Perfect.

A floriental, Perfect has top notes of orange, bergamot and lime, a heart of rose and ylang ylang and base notes of moss and vanilla. It retails at £4.99 for the perfume (5ml) and £5.45 for the EDT (25ml). **Perfumes Rovert. Tel: 0254 383147.**

To be or not to be...

The new Press campaign for Clearblue One Step is aimed to appeal to women who don't want to be pregnant as well as those who do.

With impactful slogans, the £400,000 campaign will start with posters and is followed by Press advertising in women's magazines. **Unipath. Tel: 0234 347161.**

Male fertility test knows the score

FertilitySCORE, the first home fertility test for men, is now available through pharmacies at a cost of £25 for two tests.

The test is based on the total mobile sperm count, with higher levels of mobile sperm using up more oxygen.

FertilitySCORE uses the World Health Organisation's level of 20 million sperm per ml to determine fertility.

The test itself consists of a graded test tube and screw-on funnel. The man must produce a sample into the funnel, which then drains into the test tube. After 30 minutes the specimen should liquify.

The amount of specimen should be measured, as if it is less than 1ml the amount is too small to produce an accurate test. A few drops of dye are added to the sample. The test tube is then sealed and inverted to mix the purple indicator and specimen.

To incubate the sample a beaker is filled full of hot water (once the correct temperature is reached the thermometer strip on the cup will say TEST) and the test tube placed inside.

Leave for one hour, remove the test tube and then shake vigorously four or five times to ensure adequate colour distribution.

If the colour is pink then the man is fertile. However, it is stressed that a negative sample does not necessarily mean that the man cannot produce children and they are advised to try a further test.

Although there is no preferred time to perform the test, men are advised to abstain from sexual intercourse for at least three days before producing a sample.

The test is available direct from the UK distributors **Microm. Tel: 0844 213645.**

Spring incentives from Yardley

£3.95.

For men a free 30ml eau de toilette of Yardley

Original comes with any purchase of 50ml aftershave or EDT. An English Blazer coffret is the free gift with purchases of the 75ml aftershave, while a Yardley Gold bodyspray is offered with purchases of the 125ml aftershave.

Replenishing Daily Moisturiser comes free with any Yardley skincare product.

All Modern Florals talcs are reduced in price by a third and a limited edition English Lavender water (91 ml) is available at

All body sprays from the female fragrance range are down in price from £2.49 to £1.99. **Yardley Letheric. Tel: 0268 522711.**

NPA offers Traveller package to members

The National Pharmaceutical Association is not offering package holidays to their members just yet. However the Association can supply members with a Traveller package that will help pharmacy staff to answer holidaymakers' questions about vaccination schedules, anti-malarial protection and provide general medical information for those travelling abroad.

The computer package, which is IBM PC compatible, allows pharmacists to print Traveller forms showing

the health risks of the particular region of interest to the customer.

The Traveller programme was developed by Pro Choice Applications, a software company formed by NPA member David Rogers. It has been validated by the Department for Travel Medicine, Hospital for Tropical Diseases, London and is approved by major PMR and system suppliers. The start-up cost of £235 (10 per cent discount to NPA members) includes monthly updates. **NPA Business Services Ltd. Tel: 0727 832161.**

Morgan's Pomade

3017

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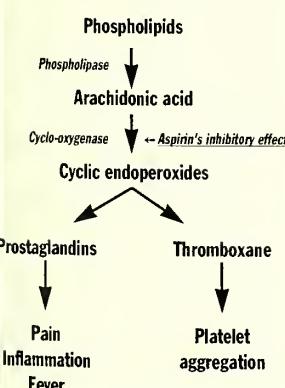
Aspirin's increasing role in the management of vascular disease

Aspirin is arguably the oldest and most widely used analgesic in the world today. It has become a household name in the treatment of everyday pain and is renowned for its effectiveness in reducing inflammation and fever. But there's much more to aspirin than its characteristic analgesic, anti-pyretic, anti-inflammatory effect because researchers are still finding amazing new clinical applications for this remarkably versatile drug.

Aspirin and prostaglandins

Prostaglandins are the key to aspirin's therapeutic success. Aspirin works by inhibiting the formation of prostaglandins, biochemical mediators with a diverse spectrum of physiological functions. Prostaglandins, for example, are responsible for the inflammatory response - the characteristic pain, swelling, redness and heat that accompany tissue damage. They also cause blood clot by encouraging platelet aggregation.

The prostaglandin pathway



But medical attention is now turning to even more profound applications of aspirin's prostaglandin blocking effect. Vascular thrombosis caused by a prostaglandin-like substance called thromboxane, which stimulates platelet aggregation, aspirin can prevent thrombosis, thereby influencing the course of vascular disease, most significantly heart disease.^{1,2}

Treating acute heart attack

It is now a well established fact that aspirin saves lives. This has been proved in a recent major study.³ In 1988, the benefit of aspirin in preventing death from acute heart attack was dramatically demonstrated

"For every 1,000 patients admitted to hospital with acute myocardial infarction, about 100 can be expected to die within 35 days. From the results of ISIS-2, the use of full dose aspirin immediately would prevent 23 of these premature deaths."

in the second International Study of Infarct Survival (ISIS-2)³ among 17,187 people, administered either placebo or half an aspirin tablet within 24 hours of their first symptoms. The aspirin group experienced 23% fewer deaths than the placebo group, a significant result which was reinforced in 1992 by ISIS-3⁴ (involving more than 62,000 patients), and again in 1994, by one of the most comprehensive overviews of all the evidence to date.⁵ Such findings question the ethics of not using aspirin in these circumstances.

Preventing first and subsequent heart attacks

On the strength of such results, clinicians are now recommending prophylactic low dose aspirin to prevent a heart attack in patients with a known predisposition to heart disease. One study among 22,000 American doctors⁶ showed that aspirin could reduce the risk of a first heart attack by a startling 44% compared to placebo. Moreover, in patients who have already suffered a heart attack, aspirin has been shown, across a range of trials, to induce large and highly significant reductions in non-fatal heart attack.¹

Aspirin has also proved exceptionally useful in reducing the risk of death in patients with unstable angina,⁷ and in improving the outcome of vascular surgery, including coronary bypass grafts.⁸

With many new aspirin studies currently underway, we will soon know even more about exactly who can benefit most from daily low dose aspirin treatment.

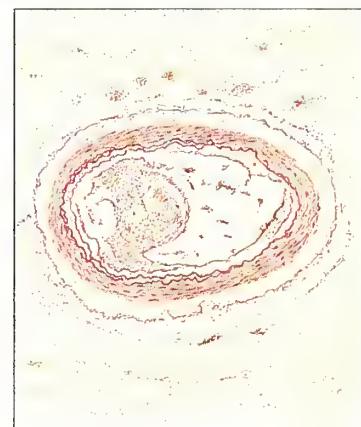
Prevention of stroke

Aspirin's potent anti-platelet effect has been shown to reduce thrombosis of the cerebral arteries (i.e. stroke).⁹ Transient ischaemic attacks (TIAs) occur when tiny fragments of a building thrombus become lodged in the cerebral vasculature, and these are often precursors to stroke. In a series of randomised studies in which aspirin's anti-platelet action was compared to placebo in 10,000 people with a past

history of stroke or TIAs, a highly significant reduction in the risk of suffering a subsequent vascular event was demonstrated.¹⁰

The future for aspirin in vascular disease

Aspirin's potential for large scale prevention and treatment of one of the most important causes of morbidity and mortality in the western world - vascular disease - is becoming increasingly clear. Today it is estimated that in the USA, up to 30 million people with previous stroke, heart attack or existing peripheral vascular disease could benefit by taking aspirin on a daily basis.⁷



Cerebral artery thrombosis

That does not take into account the millions with other known risk factors, and those who have yet to present. It is anticipated that in the future even more clinicians will recognise the impact that aspirin can make on peoples' lives, and that more will make use of its potentially life-saving benefits.

References: 1. BMJ 1994, 308: 81-106. 2. BMJ 1994; 308: 159-68. 3. Lancet 1988, ii: 349-60. 4. ISIS-3 Update 1991; 2: 1-7. 5. N Eng J Med 1989, 321(3): 129-35. 6. Circulation 1985; 72(6pt2): V155-60. 7. European Aspirin Foundation.

THE EUROPEAN ASPIRIN FOUNDATION: IMPROVING ASPIRIN AWARENESS

The European Aspirin Foundation aims to increase the knowledge and understanding of aspirin, probably the world's oldest and most widely used medicine.

By stimulating the distribution and exchange of information and discussion on all aspects of aspirin, including current research and old and new therapeutic uses for it, the European Aspirin Foundation helps to co-ordinate current worldwide awareness and increasing medical research interest in this vitally important medicine.

Aspirin is a versatile and trusted home remedy with a long history, that also promises important new applications in medicine.



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by completing this coupon and returning to the European Aspirin Foundation, PO Box 7, Ripley, Woking, Surrey, GU23 6YU.

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Ultima II eye the perfect body

Ultima II are launching the Basics Body Line to improve body complexion and Eye Cream to help overcome problems in this sensitive area.

Body Basics comprises three products to make the body "silky smooth, beautifully soft, supple, firm and toned," says the company.

The Body Polisher (£18) is used in the bath or shower and has a gentle exfoliating action to remove dead skin cells and a conditioner to retain

softness. The Body Silken (£18) is a hydrating post-cleanse moisturiser which is said to boost the body's own methods of remoisturisation. It also includes hydroxy acids and a silicone complex to provide added moisturisers. The Body Shaper (£22) claims to improve blood circulation and lymph systems by means of caffeine, edera and horsetail extracts. These reduce puffiness and eliminate toxins and

unwanted fluids.

The Eye Cream contains glycol derivatives and sodium hyaluronate which are said to improve skin dryness and fine lines around the eye.

It also contains ivy extract to tighten the epidermis, wheat extract to disguise fine lines; grape oil to improve cell efficiency; and arnica to counter swelling and itching. It retails at £14.50 for 15ml. **Revlon International. Tel: 071-629 7400.**

A frog in the throat

Inphormed hope to boost sales of the throat pastille Vocalzone while raising funds for local theatres.

Their "Get the frog out of your throat" campaign involves theatre-goers filling in a questionnaire at a selection of theatres throughout the country.

The questionnaire also gives details of the product and says it is "available locally from your pharmacist".

Entrants then nominate their local theatre for a cash prize from Inphormed, as well as having a chance to win a weekend for two in London's theatreland themselves.

The frog motif for the promotion links up with Press advertising for the brand in *The Times* and the *Times Educational Supplement*. **Inphormed. Tel: 0962 878811.**

Vapona wage war on insects

The Vapona insecticide range is increased with three new products.

Vapona House and Plant Fly Spray (300ml £1.50) is for insects found in the home and on plant. Vapona All-in-One Flower, Fruit and Vegetable spray (500ml £3.19) will deal with greenfly, blackfly and whitefly. Vapona Woodlice

Killer (150g £2.35) can be used in house and garden.

New point of sale material includes display unit for the range and shelf strips. For queries about products or information on insects call the Vapona information help line on 071-404 2858. **Sara Lee. Tel: 0753 579526.**

Forever Friends

The Forever Friends bears are now available on bath sponges from Brainstorm in four designs. Priced at

£1.95 each, the sponges meet EC safety standard EN71. **Brainstorm. Tel: 0342 312681.**



Colgate are supporting their new Precision toothbrush with a television campaign running for two months. Called "Talking teeth", the advertisement shows a row of teeth with faces super-imposed over it. **Colgate-Palmolive. Tel: 0483 302222.**

In the pink

Scott have added a pink variant to their Andrex Gold toilet tissue. **Scott Ltd. Tel: 0342 327191.**

Sugar-free Ribena

Sugar-free Baby Ribena in a ready-to-serve carton is a completely sugar-free formulation and not as stated in last week's *C&D* (Counterpoints p418). **Smithkline Beecham. Tel: 081-560 5151.**

Minalka

Minalka tablets for muscular pain and stiff joints are being relaunched with new packaging and an introductory size 30-day pack added (£2.99). **Cedar Health. Tel: 061-483 1235.**

Mars offer

From April consumers can claim a free Mars bar with every promotional pack of Energizer batteries. Point of sale material is available to support the offer. **Ever Ready. Tel: 081-202 3171.**

Weaning aids

Parents can send off for SMA Nutrition's new weaning booklet, "Weaning — a step by step guide". Application forms are available under the lids of SMA Gold and White. **SMA Nutrition. Tel: 0628 660633.**

Dior Illusions

Christian Dior's Illusions tights combine Tactel Micro and Lycra to ensure a soft, comfortable fit. They are available in four shades, two variants, soft and sheer, and retail at £7.99. **Couture Marketing. Tel: 0455 272322.**

Satisfaction

Consumers are offered guaranteed satisfaction in ten days on Clinomyn smokers toothpaste, with a £1 voucher given back if they're not. Special promotional packs are available from April 1. **E.C. De Witt. Tel: 0928 579029.**

More from Dr Smith

Dr Mike Smith is adding two new topics to his Postbag series of medical books — eating disorders and migraine.

The former examines compulsive eating, obesity, food intolerance and phobias as well as anorexia nervosa and bulimia nervosa.

In the latter, he answers queries on the most common types of migraine, their causes and treatment. Both books retail at £4.99 and will be available at the end of the month. **Kyle Cathie Ltd. Tel: 071 834 8027.**

Shaving additions for Ralph Lauren

Ralph Lauren have added shaving products to their fragrance ranges Polo and Safari.

Polo after shave relief balm (£22.50) is designed for sensitive skins. It contains moisturising ingredients to keep skin supple.

Safari for Men shaving foam (£15) will ensure a smooth, comfortable shave. It contains a number of moisturising ingredients. **Prestige & Collections. Tel: 081-979 6699.**



Beckmann stain removal products are being supported with a new campaign entitled Beckmann Stain Solutions. Press advertising will appear in newspapers and point of sale material is available. For new stockists there is a counter display with a selection of products. Pharmacy assistants can win £1,000 worth of Next vouchers in a competition. **Dendron Ltd. Tel: 0923 229251.**

AMAZING ANADIN: RECOMMENDED ACROSS THE RANGE OF EVERYDAY PAIN

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When you need to recommend for headache and other everyday pains, think of **Anadin**, the UK's leading aspirin brand.

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Product Information: Active Ingredients: Aspirin Ph Eur 325mg/caplet, Caffeine Ph Eur 15mg/caplet. Indications: Symptomatic relief of sprains, strains, rheumatic pains, sciatica, lumbago, fibrositis, muscular aches and pains, joint swelling and stiffness. Relief of headache, migraine, neuralgia, toothache, sore throat, period pains and aches and pains. Contraindications: Peptic ulceration, haemophilia, concurrent anti-coagulant therapy, aspirin hypersensitivity. Dosage Instructions: Adults and the elderly: One to two caplets every four hours to a maximum of twelve caplets in any 24 hours. Children under 12 years: Not to be given unless instructed by a physician. Retail Prices: 48s 40/-, 88s 40/-, 128s 40/-, 248s 41/-, 488s £2.99, 968s £3.49. Product Licence Number: 0165/0000. Legal Category: GSL (packs up to 25 caplets) P (packs over 25 caplets). Product Licence Holder: Whitehall Laboratories, Huntercombe Lane South, Taplow, Maidenhead, Berkshire SL6 OPH. Date of Preparation: 22 February 1994. *Trademark.

Time for pharmacists to select their future

No matter what type of healthcare future you could imagine, it will probably require fewer pharmacists, according to Naz Coker, Associate Fellow at the King's Fund College.

In the keynote address to the Spring Symposium of the United Kingdom Clinical Pharmacy Association last weekend in Harrogate, Mrs Coker, a former district pharmaceutical officer, now a futures researcher and management consultant, suggested that futures research was important.

She explained that while the shape of the short term future — one to three years — will be the result of decisions which have already been taken, influence asserted now can still change things in the medium term.

The examination of trends, scenario planning, and strategic tools such as SWOT (strengths, weaknesses, opportunities, threats) analyses at the King's Fund had led to the development of a series of alternative futures, four of which had been extensively mapped, while a fifth was in development.

In the "free market" future, for example, there would be fewer well-paid specialists working alongside clinicians and managers. Multiskilling would be evident.

In the "equal opportunities" future, where the emphasis is on government-led social and health care measures to improve health outcomes, there would be a greater emphasis on health promotion, but there would be a dramatic reduction in numbers of hospital pharmacists.

In the "global concern/individual growth" future, which places its emphasis on the effect of changes in lifestyle on health through strong social pressures, there would be a high demand for pharmacy skills. But in the "hard times" future pharmacists and doctors would be competing for work.

It is important for those working in health care to consider what are the current driving forces for change, Mrs Coker said. "For example, nurses are getting very keen to take on the advisory role. Pharmacists need to be prepared for the surprises of the future."

As an example, Mrs Coker suggested that the current medical model — diagnose and treat — could be rapidly overtaken by advances in the areas of genetic mapping, biotechnology and epidemiology allied to progress in information technology.

One scenario suggests that fewer pharmacists will be required to provide tomorrow's healthcare, but there is still time for the profession to influence the future, delegates at the United Kingdom Clinical Pharmacy Association practice interest groups Spring Symposium heard in Harrogate last weekend

"From an individual's social and genetic history, and considering economic and environmental factors, physicians will be able to predict future diseases and treat in advance.

"Biomedical treatments, immunomodulators and gene therapies are going to have a big impact on the way healthcare is provided," she said.

It is clear that hospitals are going to change, and that even in ten years, many of today's hospital functions will no longer be carried out there. GP fundholders are creating mini-hospitals, for example, and while there has been much talk of doctors becoming generalists, what is happening in practice is that consultants are moving into GP practices.

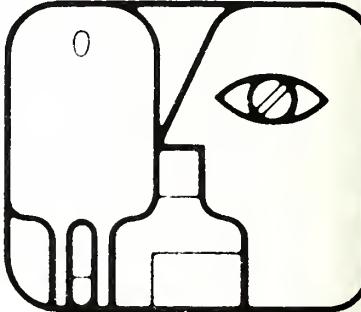
As far as economic considerations are concerned, in the future the economics of patients would be more important, and the economies of scale provided by large provider units would no longer be the most important consideration.

The future health care worker would be multi-skilled, Mrs Coker suggested. They would become health information specialists. The concept of the "generic health worker" was already being examined, although at present it is certain basic nursing functions and occupational therapist roles which are forming the basis of the development, but expansion into medication giving is the next step.

Mrs Coker suggested that pharmacists were good at getting ahead of the game. In the past this had not always worked out to the individual professional's benefit, however.

Pharmacy managers who moved into pure management roles were now being replaced by cheaper managers, for example.

But nurses, and now clinicians, were increasingly getting involved in future scenario planning and if pharmacists wanted to create their own future, now was the time to take on this agenda.



measured against frequency of dispensing, the number of "prn" or "mdu" prescriptions and the number of domiciliary deliveries.

Home visit interventions

Domiciliary visits to 39 patients by pharmacists in Barnet has led to changes in medication in eight cases, according to the interim results of a study funded by North West Thames Regional Health Authority.

Presenting the results, Mike Beaman, pharmaceutical adviser to Barnet FHSA, said that, with hindsight, follow-up visits at one month may have been a little too soon, and that the eventual success rate of interventions made by the 16 pharmacists in the study may be higher. The full results of the study will be published soon.



Mike Beaman: presenting results

Lifting barriers

The audit process could be a useful way to break down some of the barriers between pharmacists and GPs, says Rosemary Arnold of the Pharmacy Academic Practice Unit at the University of Derby.

Mrs Arnold is developing an audit process for community pharmacists around repeat prescription work with a grant from the Department of Health as part of the development programme for professional audit in pharmacy.

She suggested that one approach might be "We're doing an audit. Would you like us to look at your surgery in any particular aspect of practice?" GPs might value the feedback from audit work.

Ms Arnold has, by means of a structured interview with 12 patients recruited from four pharmacies, determined a number of topics for investigation as possible aspects of repeat prescribing for audit. These will be examined during a study which is designed to test the audit process itself, rather than perform it.

These aspects identified include dose quantities

Mismatch

Some 44 per cent of hospital prescribed drug cases were mismatched following a community obtained drug supply, in a study carried out at the Royal London Hospital.

Amanda Heeralall and colleagues examined 156 instances of hospital prescribing and found 68 discrepancies.

Labelling changes (four), brand/generic swaps (eight) and manufacturer changes (19) appear to be relatively less influential on continuing care, but there were also 12 instances of changes to the daily dose, one formulation change and 21 instances of changes to warning labels.

The researchers concluded that drug mismatches are common at the primary/secondary care interface, and examination of the mismatches by an expert panel of doctors and pharmacists showed that both professions regarded the mismatches with equal concern.

- Community pharmacists will be audited by a hospital pharmacist team led by Chris Cairns and Sonia Moore, of South West Thames Pharmacy Academic Practice Unit, St George's Hospital, London, in a project which won the 1994 3M Health Care/UKCPA team award

Af ter

women's monthlies will
never be
the same

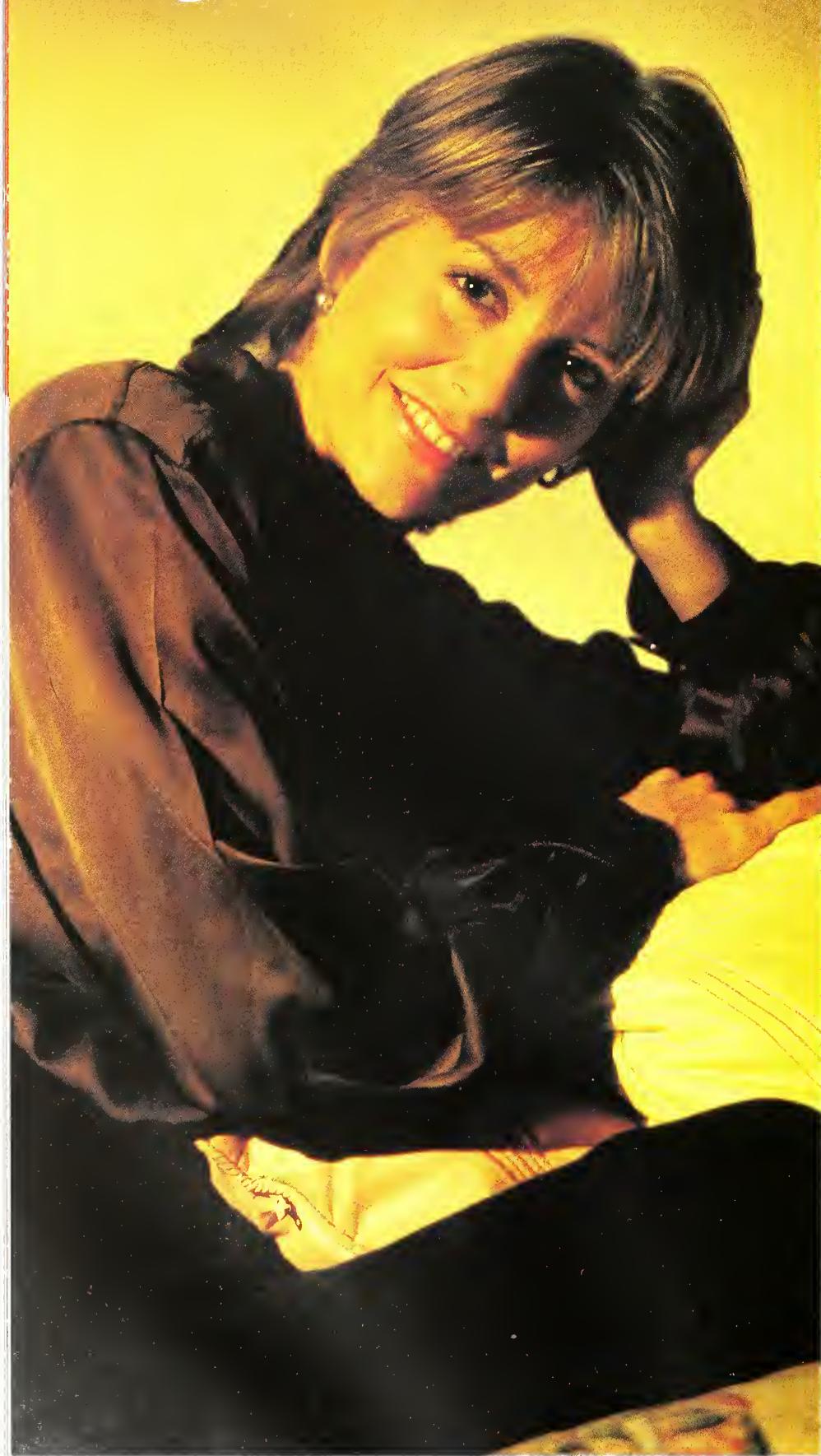


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So please recommend Canesten 1 pessary – and display our point-of-sale material prominently.

Canesten 1 Pessary
CLOTRIMAZOLE VAGINAL TABLET

Treat the cause, not just the symptoms.

Product Information

Presentation Canesten 10% VC is available as a single pre-filled applicator containing 5g of 10% clotrimazole vaginal cream. Canesten 1 is available as a single vaginal tablet containing 500mg clotrimazole and an applicator in which to place the tablet for insertion. **Uses** Candidal vaginitis. **Dosage and Administration** Canesten 10% VC. Adults. Insert the contents of the pre-filled applicator intravaginally, preferably at night. Canesten 1. Adults. Place the Canesten 1 vaginal tablet in the applicator, and insert intravaginally, preferably at night. Children. Since both of these products are used with an applicator, paediatric usage is not recommended. **Contra-indications** Hypersensitivity to clotrimazole. **Side-effects** Rarely patients may experience local mild or transient irritation immediately after inserting the cream. Hypersensitivity reaction may occur. **Use in Pregnancy** In animal studies clotrimazole has not been associated with teratogenic effects but following oral administration of high doses to rats there was evidence of foetotoxicity. The relevance of this effect to topical application in humans is not known. However, clotrimazole has been used in pregnant patients for over a decade without attributable adverse effects. It is therefore recommended that clotrimazole should be used in pregnancy only when considered necessary by the clinician. If used during pregnancy extra care should be taken when using the applicator to prevent the possibility of mechanical trauma. **Accidental Oral Ingestion** In the event, routine measures such as gastric lavage should be performed as soon as possible after ingestion. **Pharmaceutical Precautions** Canesten 10% VC. Do not store above 25°C. Canesten 1. No special storage precautions are necessary. **Legal category** P. **Retail Selling Price** £5.95 for each pack. **Product Licence Number** Canesten 10% VC. PL 0010/0136. **Canesten 1**. PL 0010/0083. **Date of Preparation** August 1992. **Further information available from** Bayer plc, Pharmaceutical Division, Bayer House, Strawberry Hill, Newbury, Berkshire, RG14 5JL.



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Focus on quality of care for the aged

Three papers from the United States again focus on the quality of care of the elderly, particularly in nursing homes. They paint a picture of a vulnerable population in which drug treatment is apparently suboptimal, and highlight important issues for audit.

• **Ciprofloxacin** In the first, the appropriateness of prescribing ciprofloxacin in a nursing home was evaluated by scrutinising a random sample of 100 prescriptions initiated at the home.

Using only information which was available at the time of writing the prescription, appropriateness was judged by the dose and duration of treatment; the availability of more effective treatment; and the availability of cheaper alternatives.

The patients ranged in age from 74 to 99; most were women, taking an average of five drugs for nine chronic medical conditions. Most ciprofloxacin prescriptions were for 500 mg twice daily, with an average duration of 11 days but ranging up to 79 days.

The most common indication was cystitis (36 per cent) followed by pneumonia (27 per cent) and cellulitis and urinary tract infection (7 per cent each).

The records cited a positive reason for using ciprofloxacin in 71 per cent of cases. This was

mostly because of alleged allergy to other antibiotics, a microbiological culture or to replace an ineffective antibiotic. In 13 per cent of cases, ciprofloxacin was used because of its broad spectrum of action.

Despite this, only 25 per cent of prescriptions were judged to be appropriate. Nine patients were given doses that were too high and in three cases the doses were too low; in eight cases treatment was too long; in 29 cases a less expensive alternative was available; in five a more effective agent should have been used and in 23 cases the indication was inappropriate (for example, ciprofloxacin is not first choice for pneumonia).

In 41 per cent of cases, ciprofloxacin had been prescribed with drugs with which it may interact, such as antacids or iron supplements.

• **Adverse events in perspective** In the same institution, the relative importance of drugs as causes of adverse events was evaluated by investigating the circumstances of 3,390 incidents occurring over one year.

Falls were by far the most common events, accounting for 2,032 incidents (an annual incidence of 289 per 100 beds). Next came burns, scalds and similar injuries, with 1,631 episodes (232 per 100 beds).

Drug-related events were the third most frequent but very much rarer, with 180 incidents (26 per 100 beds annually).

Dose and administration errors were almost three times more common than adverse reactions; of these, over half were rashes associated with antibiotics — most commonly co-trimoxazole. However, the possible role of drugs in falls was not explored.

• **Laxatives** A large survey of elderly people living in Iowa suggests that laxative use is associated with hypoalbuminaemia and, by inference, with poor general health.

As part of an ongoing population study, 2,529 people aged 71 or older were asked about their consumption of non bulk-forming laxatives. Sixteen per cent reported regular use, ranging from around 5 per cent in 70 year-olds to 40 per cent in the over-nineties.

Among people living in the community, 9 per cent took laxatives while in nursing homes, 75 per cent did so.

Compared with non-users, significantly more people taking laxatives were underweight or had functional limitations affecting daily living.

Statistically, frusemide and benzodiazepines were associated with laxative use, with antidepressants, codeine and calcium antagonists having borderline associations.

The most frequently taken laxatives were magnesium hydroxide or docusate, followed by bisacodyl, phenolphthalein and the anthraquinone casanthranol.

The prevalence of hypoalbuminaemia among laxative users was 9.3 per cent compared with 1.2 per cent among non-users. Of all laxatives, magnesium hydroxide was most strongly associated with hypoalbuminaemia but functional limitation was another significant factor.

Hypoalbuminaemia is important as an independent risk factor for coronary heart disease and death from cancer and cardiovascular disease. The link between laxatives and low albumin may not be causal but it is possible that laxatives decrease protein absorption by accelerating intestinal transit.

Journal of the American Geriatric Society 1994; 42: 28-32, 33-38 & 50-56

PULL
OUT &
KEEP
SECTION

Pharmacy Update

Spa therapy: back to the future?

Low back pain is a common and persistent problem for which drugs are sometimes prescribed but seldom do much good. Fortunately, this is one case where old-fashioned remedies do work — as French researchers have shown.

People with low back pain of at least two years' duration were randomised to balneotherapy or conventional medical treatment; people with arthritis or sciatica were excluded. Balneotherapy comprised a three-week course at a spa centre, involving daily high pressure underwater showers at various temperatures using natural mineral waters high in sodium and sulphate.

Two subjects withdrew from this group because of a "thermal reaction". Both groups received standard medical treatment with analgesics and NSAIDs, but neither had physiotherapy or massage.

Compared with the conventionally managed control group, those receiving balneotherapy significantly improved in all clinical parameters by the end of their treatment.

They reported less severe and shorter-lived pain; they were more mobile; and better able to carry out routine tasks. Drug consumption fell by 60 per cent compared with 2 to 6 per cent in the control group.

Most improvements were still evident nine months later, though functional capacity was no longer better than in controls. Importantly, NSAID consumption remained 60 per cent lower. *British Journal of Rheumatology* 1994; 33: 148-51



You only have to ask!

Over-use of benzodiazepines — particularly hypnotics — continues to be a problem in many communities and there is pressure on GPs to wean their patients off treatment. This is a process fraught with difficulty — or is it?

GPs and psychologists from Exeter suggest that many people need only be asked. People in one practice who had been taking benzodiazepines for at least six months were divided into three groups.

One received no intervention. A second received a letter from the GP asking them to try to stop or reduce their medication, and to do so gradually. The letter said that benzodiazepines don't work properly after a while, that they may be addictive and that withdrawal effects may occur. The third also received the letter, then at monthly intervals four information sheets giving advice and practical suggestions for coping without drugs.

The 209 patients recruited were largely elderly — average age 69 — and most were taking one benzodiazepine as a hypnotic. The median duration of use was nine years and, in the past, many had not responded to informal advice from the GP to stop.

But during the following six months, both intervention groups significantly reduced their consumption by approximately one third. There was a weak correlation between increasing age and successful discontinuation, but no hint that the number of drugs taken was important or that hypnotics and anxiolytics had differential effects.

There was, however, no difference between the intervention groups. This indicates that simply informing many people about current concerns is sufficient.

The question then arises of how to tackle the remainder, who presumably have greater need of their treatment; are less motivated to discontinue it; are deterred by withdrawal effects and who are the majority. *British Journal of General Practice* 1994; 44: 5-8

Arthritis: the alternatives

Most people with rheumatological disease have symptoms despite optimal treatment: few are free of pain, for example. So it is not surprising that some turn to alternative medicine in search of greater relief from their symptoms.

Recent surveys from Australia and Canada have revealed how many people look outside the system for additional treatment.

According to a questionnaire survey of 280 patients



attending a rheumatology clinic in Queensland, 59 per cent had never sought alternative care to that provided by the hospital and family doctor.

Of those who had, most had used acupuncture, naturopathy (stimulation of natural healing processes) or diet therapy. Others had tried homoeopathy, astrology and herbalism as well as more conventionally accepted specialists such as chiropractors and osteopaths.

Despite the bias in surveying people attending a clinic, it is perhaps still surprising that those who had tried alternative methods judged the results of conventional treatment to be better. They also rated the rheumatologist as highly as alternative practitioners for friendliness and being informative. However, those who did not use alternative medicine scored the rheumatologist higher than the 40 per cent who did.

In Canada, 235 patients consecutively attending a hospital clinic were interviewed about their use of alternative medicine. Sixty-six per cent said they had used some form of treatment in the preceding year.

In most cases this was no more than over-the-counter vitamins or

mineral supplements. But over half said they used relaxation, meditation or prayer and over one-third visited alternative practitioners or used dietary modification. Again, chiropractors, acupuncturists and massage therapists were the most common practitioners consulted.

This survey did reveal some more bizarre treatments, including heated sand bags and a mattress sewn with magnets. Only one adverse effect was reported: nausea, vomiting and foul urine after ingestion of devil's claw in an allegedly homoeopathic preparation. *Journal of Rheumatology* 1994; 21: 145-7 & 148-52



Research Digest is a regular series written by drug information specialist Steve Chaplin MRPharmS, looking at the current developments in medicine

Theoretical benefits of HRT

Hormone replacement therapy is believed to confer significant advantages in lowering morbidity and mortality in postmenopausal women, but quantifying these long-term benefits in a way most people can understand is difficult.

One useful though theoretical technique is to construct a decision analysis model using data available from clinical trials. The model estimated the outcome of 10,000 women taking unopposed oestrogens from age 50 to 75, assuming complete compliance.

Compared with non-users,

such a group could expect almost to halve the risk of fatal coronary heart disease events (567 deaths) and deaths from hip fracture (75 deaths). However, fatal breast cancer would increase by 21 per cent (to 221 deaths) and endometrial cancer by 207 per cent (to 43 deaths).

On balance, HRT would — prevent 38 per cent of deaths — a total of 574. However, most of the benefit is only apparent after ten years' use.

There would also be a 28.5 per cent decrease in morbidity, with 49 per cent fewer heart

disease events and 67 per cent fewer hip fractures. On the other hand, the frequency of breast and endometrial cancers would increase by 22 and 206 per cent respectively.

Quality of life was also evaluated, assuming that life with heart disease, or breast or endometrial cancer, is worth around 80 per cent of healthy life. The cohort of 10,000 women would then gain 3,951 quality-adjusted life-years.

Such a model is always sensitive to the underlying assumptions about risk and benefit. This is particularly relevant here: compliance is greatly over-estimated (compliance with HRT is appallingly low), and the fact that endometrial cancer can be almost completely avoided by taking supplemental progestogen is ignored.

Conversely, there is limited evidence that progestogens may increase blood lipids and their impact on the beneficial effects of HRT on cardiovascular disease is presently unclear.

Nevertheless, current data suggests that HRT has an overwhelmingly beneficial effect in a theoretical population. Its potential benefits for individuals must be evaluated independently. *Obstetrics and Gynecology* 1994; 83: 161-6

Diarrhoea, cefuroxime and amoxycillin

Cefuroxime axetil has acquired something of a reputation for causing diarrhoea. The BNF says gastro-intestinal side effects are "quite common", not a comment it specifically makes for other broad spectrum antibiotics though all disrupt normal bowel flora.

The results of an otherwise routine comparison of cefuroxime axetil and amoxycillin in children with otitis media are therefore interesting.

There was no difference in efficacy between treatments in 263 children aged 3 months to

one year. Approximately three-quarters of evaluable children were cured or improved after ten days' treatment, with failure or recurrence in most of the remainder.

What is more surprising is a significant difference in the incidence of drug-related adverse events: 18 per cent of children given cefuroxime 30 mg/kg/day compared with 39 per cent of those given amoxycillin 40 mg/kg/day.

The most common events were diarrhoea or loose stool, reported by 12 and 31 per cent

of children respectively, and nappy rash in 3 and 12 per cent.

The frequency of diarrhoea with amoxycillin was unusually high in this trial, admit the authors (who include Glaxo in the USA) since other studies have reported an incidence of around 20 per cent.

The question raised by this study is whether gastro-intestinal upset is more common in children treated with broad spectrum antibiotics than is generally acknowledged. *Antimicrobial Agents and Chemotherapy* 1994; 38: 315-8

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concomitantly with Zantac is recommended, especially if elderly. Reduce dosage in the presence of severe renal failure (see data sheet). Avoid in patients with history of porphyria. Effervescent Tablets contain aspartame, use with caution in patients with phenylketonuria. Like other drugs, use during pregnancy and lactation only if strictly necessary. **SIDE EFFECTS** Headache, dizziness, skin rash, occasional hepatitis, rarely arthralgia, myalgia. Rarely, reversible mental confusion states, usually in very ill or elderly patients. Rare cases of leucopenia and thrombocytopenia, usually reversible, agranulocytosis and pancytopenia. Hypersensitivity reactions, anaphylactic shock. Rare cases of breast symptoms in men. As with other H₂-receptor antagonists rare cases of bradycardia, A-V block and asystole (see data sheet). **PRESENTATIONS** Zantac 150 Tablets each containing 150mg ranitidine HC/ (Product licence number 10949/0042, 60 tablets £27.89); Zantac 300 Tablets each containing 300mg ranitidine HC/ (Product licence number 10949/0043, 30 tablets £27.43); Zantac Effervescent Tablets each containing 150mg ranitidine HC/ and 14.3mEq sodium, (Product licence number 0004/0392, 60 tablets £27.89); Zantac Effervescent Tablets each containing 300mg ranitidine HC/ and 20.8mEq sodium (Product licence number 0004/0393, 30 tablets £27.43); Zantac Syrup each 10ml dose containing 150mg ranitidine HC/ (Product licence number 0004/0310, 300ml bottle £22.32). **PRODUCT LICENCE HOLDERS** Glaxo Operations UK Limited, Greenford, Middlesex UB6 0HE. Glaxo Pharmaceuticals UK Limited, Stockley Park West, Uxbridge, Middlesex, UB11 1BT.

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Antibiotics take line of least resistance

Microbiologists in the United States are calling it a "crisis" and a "worldwide calamity".² They believe the spread of antibiotic resistance means that, for the first time in the modern era of medicine, we may be forced to acknowledge that some infections are essentially untreatable.³

New antibiotics are expected to have a limited lifespan and, unless the spread of resistance is stopped, alternative ways to treat infection will need to be found.⁴

In the UK, concern is more muted but nonetheless present. Ampicillin resistance is now common in many communities. Hospitals are beginning to see the emergence of resistance to broad spectrum third generation cephalosporins, and significant resistance to quinolones is being reported among enteric pathogens.

These changes are attributed to several factors. Over-use and misuse (inappropriate prescribing, low doses, courses too short) are widely blamed.

In hospitals, advances in medical technology involve more invasive procedures in more severely ill patients. Some forms of chemotherapy are increasingly successful but cause neutropenia lasting two to three weeks.

These developments increase the risk of serious infections and the use of broad spectrum antibiotics, but the pattern of prescribing has always been one of "discovery, exuberant use and obsolescence".⁵

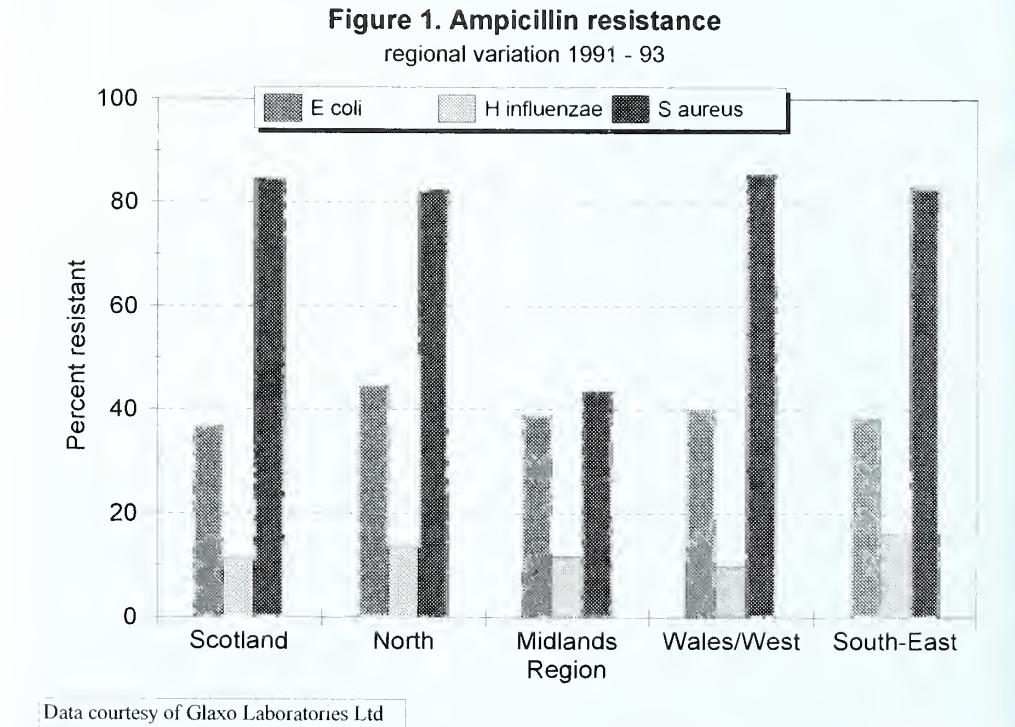
Mechanisms of resistance

There are two ways in which bacterial resistance is acquired.⁵

- **Endogenous resistance** occurs by mutation. This can be a single step, as occurs with streptomycin, or the result of several smaller mutations which gradually increase resistance, as occurs with penicillin-resistant gonococci.

Resistance is transmitted by chromosomes but these changes can sometimes be deleterious to the cell's viability. In the absence of selection pressure from an antibiotic, the mutant may not survive.

- **Exogenous resistance** occurs when the genes which confer resistance are acquired from another bacterium. The genetic material is transferred in plasmids (also called R-factors). This can occur within species, or between different species (eg *S. aureus* to *S. epidermidis*) and between genera — for example, plasmid-mediated penicillin resistance in *H. influenzae* is believed to have arisen in *E. coli*. Because resistance is acquired



Data courtesy of Glaxo Laboratories Ltd

The innovation of the pharmaceutical industry in developing antibiotics is often matched by the ability of bacteria to develop resistance. Steve Chaplin outlines the mechanisms used by bacteria to develop antibiotic resistance, the scale of the problem and measures used to control resistance

from additional genes, the cell's underlying functions remain intact and it may survive better than "normal" cells.

There are three fundamental mechanisms of resistance (see Table 1):

• Antibiotic modification

Antibacterial activity is highly sensitive to changes in the molecular structure of an antibiotic — for example, the addition of functional groups at appropriate sites can markedly increase the spectrum of activity.

Some bacteria produce enzymes which disrupt antibiotic structure — the best known are the beta-lactamases, a group of around 100 enzymes which destroy the beta-lactam nucleus essential for the activity of penicillins and cephalosporins. These enzymes can be transmitted via plasmids or chromosomally and may be induced by some antibiotics.

The new third generation cephalosporins such as cefotaxime and ceftazidime were designed to be stable to beta-lactamases, but now "extended spectrum" beta-lactamases have emerged

which hydrolyse even these agents.⁶ Most outbreaks involving these enzymes appear to have originated in intensive care units.

This form of resistance can be overcome by combining a penicillin with an agent which protects it by binding irreversibly with beta-lactamase. Three such inhibitors are available:

- clavulanate (with amoxycillin and ticarcillin)
- tazobactam (with piperacillin)
- sulbactam (formerly with ampicillin).

They are not equally active against all beta-lactamases. For example, sulbactam is a weaker inhibitor of plasmid-mediated enzymes.

These combinations are most effective when the production of beta-lactamases is low, and when the bacterium is permeable to the inhibitor.⁷ However, some strains of *E. coli* and *Klebsiella spp* are hyper-producers of beta-lactamases, and no inhibitor is particularly effective against some enzymes produced by bacteria such as *E. cloaceae* and *Serratia marcescens*.⁸

• Reduced access to target

Antibiotics which interact with target sites within the cell pass through the cell membrane via proteins known as porins. Bacteria are capable of modifying membrane porins to reduce antibiotic penetration. When different antibiotics share a common porin, its modification causes cross-resistance.

This explains why cross-resistance in Gram negative bacteria between some penicillins and cephalosporins does not extend to imipenem, a carbapenem antibiotic which uses a distinct porin.

This mechanism also accounts for cross-resistance between unrelated antibiotics. For example, a reduction in the membrane porin *ompF* results in increased resistance to carbenicillin, chloramphenicol, cefoxitin, norfloxacin, tetracycline and ticarcillin.⁹

- **Alterations in the target** Beta-lactam antibiotics must interact with penicillin binding proteins (PBPs) before they can impair cell wall synthesis.

Continued on p vi

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Continued from p iv

Changes in PBPs reduce the extent of antibiotic binding and impair their activity — methicillin-resistant *S. aureus* (MRSA) is the most important pathogen in this context. MRSA possesses a gene which produces PBP 2a. This has low affinity for beta-lactams and mediates resistance to all antibiotics in this class.

This gene is now present in 15 per cent of hospital *S. aureus* in the USA and has spread to other staphylococci.⁸ These organisms may only be sensitive to vancomycin and their emergence led to a marked increase in its use. This has produced further serious difficulties.

Penicillin resistance among the *enterococci*, which are common hospital-acquired pathogens, also depends on a low affinity PBP. As the use of vancomycin increased, *enterococci* with vancomycin resistance started to cause infections in hospital patients.

In New York, the number of hospitals reporting these organisms increased from one in 1989 to 38 in 1991.¹⁰ Of 23 pathogens isolated from the first 21 patients, 83 per cent were resistant to all available antibiotics. Subsequent studies have revealed that the gene encoding for this form of resistance can be transferred to *staphylococci*.

Mutation also accounts for some forms of resistance to the quinolones. Here, the target is an essential enzyme, DNA gyrase. This can mutate at several sites, though the frequency at which it confers resistance to the newer agents like ciprofloxacin is 100-1,000 times lower than for old quinolones like nalidixic acid. The level of resistance is also low compared with the achievable plasma levels of the antibiotic.⁹

Epidemiology

As Figures 1-3 show, resistance among common pathogens to popular antibiotics varies widely throughout the UK, reflecting the selection pressure exerted by local antibiotic use.

Similar trends occur internationally: aminoglycoside resistance is more common in Southern than Northern Europe and penicillin-resistant *Streptococcus pneumoniae*, an important cause of lower respiratory infections, is common in the United States but rare in the UK.

The Bristol experience

Microbiologists at Southmead NHS Trust in Bristol recently reported a survey of antibiotic susceptibility in nearly 86,000 isolates taken over an eight year period from patients in the community and in hospital.¹¹ Contrary to expectations, their data did not reveal a marked increase in the prevalence of resistance.

Most striking is the frequency of resistance to ampicillin among coliform bacteria

(largely *Escherichia coli*) causing urinary tract infections. This is now so common in many areas that ampicillin is of doubtful value for UTIs (Figure 1). There was little change in resistance to other antibiotics, with 80-85 per cent of urinary isolates susceptible to trimethoprim and nitrofurantoin and 97-99 per cent sensitive to gentamicin.

There is no evidence of a decline in sensitivity of these organisms to ciprofloxacin but, by contrast with national trends (Figure 2), resistance to cefuroxime increased from 15 to 22 per cent.

The survey looked more closely at "problem" organisms.

Pseudomonas spp is an opportunistic pathogen in hospital patients which is susceptible only to a handful of antibiotics such as azlocillin and gentamicin. Their activity remained high during the survey.

Ciprofloxacin and ceftazidime provide contrasting examples of resistance emerging to newer antibiotics. Resistance to ceftazidime remained at a low level whereas resistance to ciprofloxacin increased markedly in just a few years.

S. aureus is a common pathogen in wound and respiratory infections. It was one of the first organisms in

which penicillin resistance appeared and the frequency of resistance is rising steadily — to 86 per cent by 1991. The activity of ciprofloxacin against *staphylococci* is relatively poor and resistance increased from 10 to 15 per cent.

By contrast, most isolates remained sensitive to erythromycin, with a steady 4-6 per cent resistant during the study. Compare this with Figure 3, where erythromycin resistance ranges up to 70 per cent in some parts of the UK.

Haemophilus influenzae is a common respiratory pathogen also associated with meningitis. Ampicillin remained active against 90 per cent of isolates, although resistance to trimethoprim increased from 7 per cent to 12 per cent by 1991. Co-amoxiclav, first tested routinely in 1988, remained highly active.

Controlling resistance

The spread of resistance among formerly sensitive bacteria is partly due to selection pressure exerted by antibiotic use.¹² However, the pattern is not uniform for all bacteria or all antibiotics and it may be reversible.

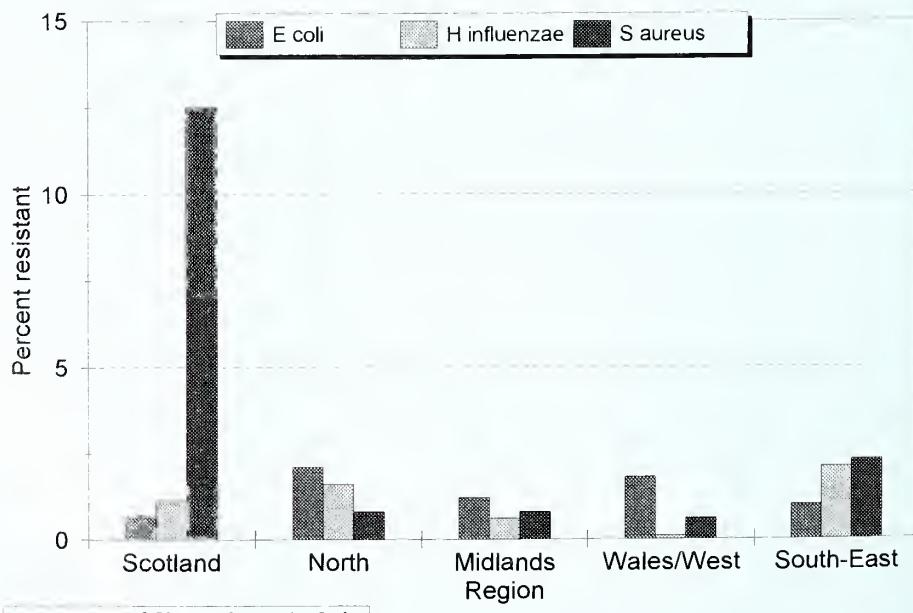
In the United States, data from 18 hospitals show that more than 80 per cent of isolates of *P. aeruginosa* remained sensitive to ceftazidime irrespective of a wide variation in the level of use.¹³ By contrast, the susceptibility of *Enterobacter cloaceae* (an important coliform pathogen) decreased significantly from 89 per cent in units where ceftazidime use was least, to 52 per cent where it was prescribed most. This



Antibiotic resistance is a growing problem in the management of acne

Continued on p viii

Figure 2. Cefuroxime resistance
regional variation 1991-93



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Continued from p vi

trend did not occur with other beta-lactam antibiotics. When the use of ceftazidime was restricted in two hospitals, susceptibility recovered to 75 per cent.

• In hospitals ...

Within hospitals, antibiotic policies usually specify which agents should be prescribed as first choice and which alternatives are available with the approval of a microbiologist.

The policy must be constantly updated as routine surveillance picks up new patterns of resistance. In both hospitals and the community, antibiotic use is controlled by reporting the sensitivity of clinical isolates only to a selected range of antibiotics.

However, other factors have a significant influence on the choice of an antibiotic. Newer agents may have fewer daily doses, increasing convenience to patients and reducing the workload on nursing staff. They may have a wider spectrum of action and — partly because they have been used less — a lower level of resistance than older antibiotics.

As is the case with ciprofloxacin, oral treatment may be as effective as intravenous administration, whereas most third generation cephalosporins must be given parenterally. Increasingly, a strong case could be made for selecting an antibiotic for short-term economic gain — fewer doses, shorter hospital stay — rather than to minimise the spread of resistance.

• ... and the community

Most GPs prescribe antibiotics presumptively. Although prescribing appears to be conservative, there is a tendency to try out new antibiotics and, as a consequence, their use increases.¹⁴

Recent evidence shows that GPs in Northern Ireland increased their prescribing of new antibiotics by 207 per cent over four years irrespective of local sensitivity reporting.¹⁵

The emergence of resistance to ciprofloxacin among *Campylobacter* spp, a common cause of food poisoning, has been attributed to its use as empirical treatment for gastroenteritis in the community.¹⁶

The importance of controlling antibiotic use in the community is illustrated by the experience of Leeds dermatologists.¹⁷ The treatment of acne with antibiotics is one of the success stories of recent years and the major pathogen involved, *Propionibacterium acnes*, was uniformly sensitive to common antibiotics in the 1970s.

However, of 468 people attending an outpatient clinic in 1991-92, 26 per cent carried erythromycin-resistant strains, most of which were cross-resistant to clindamycin, and 13 per cent carried tetracycline-resistant strains. Six per cent of patients carried strains resistant to two or more antibiotics. The authors called

for four measures to control resistance:

- Avoid antibiotics if possible
- Don't continue treatment for longer than necessary
- Use the same antibiotic for subsequent courses of treatment
- Avoid combining different antibiotics in topical and systemic use.

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Table 1: Examples of resistance mechanisms

Agent	Mechanism
Streptomycin	altered ribosomal protein
Beta-lactams	altered or new binding proteins
Erythromycin, clindamycin	methylation of ribosomal RNA
Quinolones	altered DNA gyrase
Rifampicin	altered RNA polymerase
Sulphonamides	new drug-insensitive dihydrofolate reductase
Tetracycline	ribosomal protection
Trimethoprim	new drug-insensitive dihydrofolate reductase
Vancomycin	altered cell-wall stem peptide
Aminoglycosides	Acetyltransferase, phosphotransferase
Beta-lactams	Penicillinas, cephalosporinases, carbapenemases
Chloramphenicol	Acetyltransferase
Antibiotic destruction	
Beta-lactams, chloramphenicol, quinolones, tetracycline, trimethoprim	alteration in outer membrane proteins
Erythromycin, tetracycline	New membrane transport system effluxes antibiotic
Reduced access to target	

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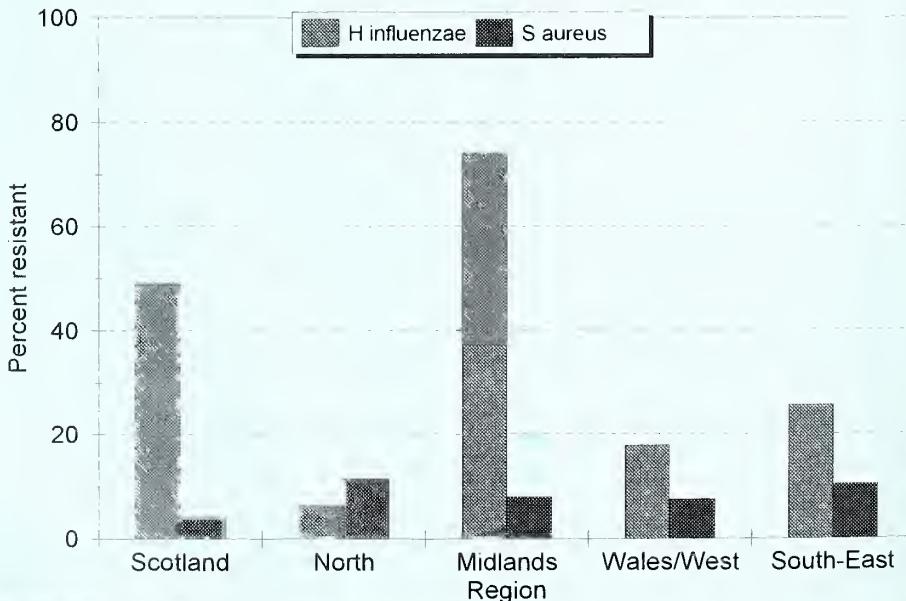
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Figure 3. Erythromycin resistance
regional variation 1991-93



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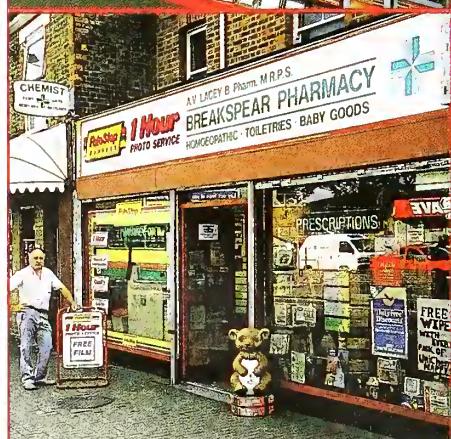


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COLD SORE GEL Essential information. Presentation: A colourless gel containing lignocaine hydrochloride 2.0%, zinc sulphate 1.0% and cetrizide 0.5%. Uses: Symptomatic relief of cold sores. Dosage and administration: Apply a small amount to the affected area 3-4 times daily. Indications, warnings, etc. Contra-indications: Hypersensitivity to lignocaine hydrochloride, zinc sulphate or cetrizide. Not recommended for children under 12 years unless advised by a doctor. Precautions: Contact with the eyes should be avoided. Side-effects: Skin irritation and local skin sensitisation may occur. Retail Selling Price - subject to Retail Price Maintenance. 3g £2.19 (PL 8/0218). Legal Category P. Further information available upon request. Zyma Healthcare, Holmwood, Nr. Dorking, Surrey RH5 4NU. Date of preparation: 17/1/94. © Trade Mark

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D&P: down but not out

The glory days of D&P are over but all is not lost. By careful use of promotions and pushing enlargements or extra prints, sales can rise by a third, as Anna Evangel reports

As the D&P market lumbers towards the mid-1990s, the industry is praying for a lift in the recession. Less money in pockets and purses means fewer holidays, fewer happy snappy photo-opportunities and fewer people rushing to develop films.

If that was not enough, there has been the competitive technology effect of camcorders, says Trevor Bish-Jones who is responsible for buying and marketing photographic products at Boots. Speaking at last year's Professional Photo and Lab Expo at Wembley, he also blames what he sees as a lack of "true product innovation" needed to drive the consumer market forward.

Largest sector

Despite the recession and the sector's other problems, D&P remains the largest sector in the amateur photography market, ahead of both films and cameras. But the amount spent on D&P in 1993 was the lowest since the peak in 1989. The market size has been shrinking steadily, settling at £395 million last year.

Even a buoyant economy would not guarantee a D&P revival. There are no guarantees when the characteristically unpredictable British weather could wipe out a promising Summer's trading.

"The days of volume growth are gone. Our cost bases will inevitably rise. If we, as an industry, are to stay healthy, we need to add value back into the product that we sell," Mr Bish-Jones adds.

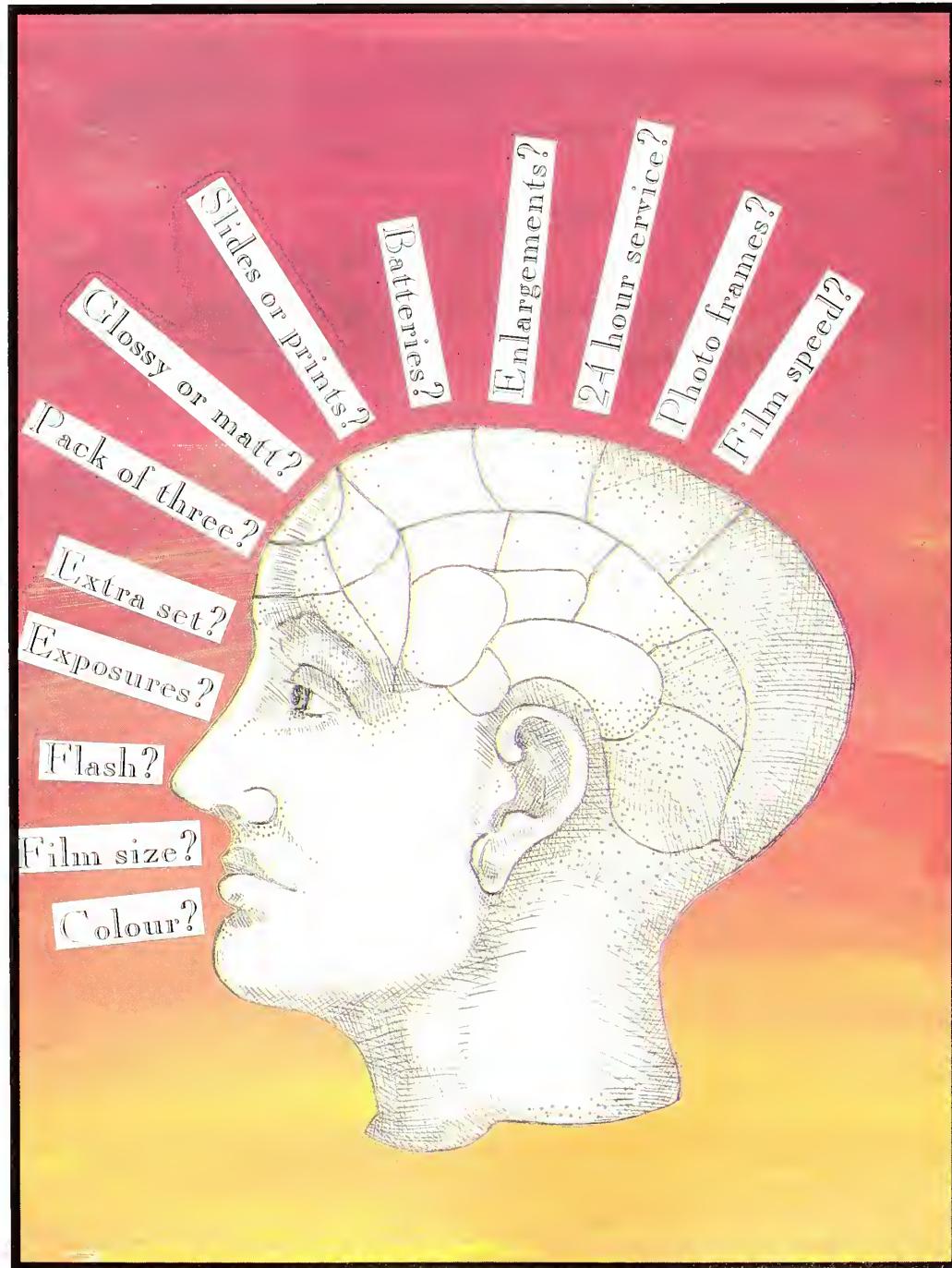
Over the years, Boots have used a myriad of added value promotions to boost photography sales, from cuddly toys to CDs to chocolates to perfume. "Most of these have proved successful in sales terms and in addition leave a degree of photography-related residual branding in the home," he says.

Apart from free gifts, there are huge opportunities in what marketeers call ancillary sales, or what you and I call "extras" - everything from larger size prints, duplicates and links with film promotions.

Market research shows that for every £1 of D&P turnover, there is an extra 30p to be made in extras. Compare that to 20p extra in 1989, the D&P heyday.

Chris Swain, managing director of the photographic wholesaler Swains International, sees not promoting extras as a crime of the worst degree. "It is a sad fact that most retailers miss out on a huge chunk of business because they don't sell D&P. They take orders for it.

"People don't buy enlargements because they don't have them sold to them. And if you own a minilab and don't sell enlargements, you could be sent to the retailers' door. You are committing such a crime against your business, you should be put up against the wall and shot." Harsh words from a man who has spent over 10 years in the photographic



business. But what of the minilab and the smaller microlab?

Minilabs

Minilabs made their UK debut in 1980 and by 1983 had captured 3 per cent of the market. Ten years later, there are 1,500 minilabs and their market share has grown to 20 per cent, the same as mail

order. But their coverage is thought to be at saturation point.

Boots are the biggest operator, with over 400 in-store outlets. They are also installing microlabs in some Sainsbury's supermarkets.

Whereas minilabs have a flat-out capacity of 400 films a day, microlabs typically process up to 50 films. They generally

take up no more than 4-6 sq ft of retail space.

And it is the speed and convenience of the minilab or next day service which will continue to grab business from mail order.

"The great god 'Price' is not always as important as we think," says Mr Swain.

Continued on p476



Before ...

Thanks for the memories ...

What better present for an elderly relative than bringing back to life an old, damaged, black and white photograph?

Coventry-based Colab does just that and is offering pharmacists the chance of cashing in on the growing nostalgia market.

By scanning the photograph electronically, the damaged parts of the picture are enlarged and restored on screen, removing all traces of scratches, creases and marks.

Missing pieces can be replaced, people can be "moved" from one photo to another and the contrast, brightness or tone of the original altered.

Sepia tones can be converted

to black and white, and vice versa. And because the "new" photo is stored in the computer's memory, copies and enlargements can be made.

Pharmacists take the orders and pass them to Colab's Coventry facilities where the work is done.

Colab supply point-of-sale material, including posters and leaflets, and ready made advertisement. Nothing is Colab branded, so the service is personal to the retailer.

Normal dealer margins apply to the standard price charged by Colab, but retailers set their own prices for additional prints.

The Caring Memories service starts at £17.63 plus the cost of the print.



... and after

Film's on the roll

Giving pharmacists the information to help consumers choose film is one way of boosting sales in a declining market. Ever-imaginative promotions are another

It is an alarming fact that of the 14 million films developed through pharmacy each year, only 7 million were bought there. Or put another way, there is a shortfall of 7 million films to be sold every year (figures from Kodak, not including Boots sales).

Film, the smallest of the photography markets, has suffered at the hands of the recession just like D&P and cameras. Last year, some £225m was spent on 85 million films across all outlets, representing a continual decline since 1989. Boots have taken a slightly larger share of the market since 1989 but other pharmacies and drugstores have seen their slice shrink to 14 per cent.

However much consumers spend on film, they are still plumping for the old favourites. It is still the 35mm colour print film with 24 exposures and ISO 100 that is regularly handed over the counter.

If it was up to the manufacturers, of course,

everyone would be buying 36 exposures and films at varying ISO speeds, one for every occasion. And in bulk!

Seasonal snappers
But many consumers are cautious snappers with "Christmas tree at both ends" syndrome — the delightful term coined by the D&P industry to describe film that has been in the camera for a year or more. In fact, almost a third of all adults use three or fewer films a year.

Trying to re-educate consumers to think that film is the least expensive part of their hobby is an uphill struggle. However, persuading them to move from 24 exposures to 36 has had more success. In 1992, over one-third of films had 36 exposures, up 9 per cent in five years. No doubt, the 10-15 per cent lower cost per exposure will have played a major role in the decision making process.

And what of the film's speed? Over half of films bought are

100 ISO, although sales have been lost to 200 ISO and 400 ISO films in recent years.

Faced with jargon, the consumer often goes straight for the tried and trusted film. Indeed some pharmacists recommend the same type of film for the same reason.

Easy to understand

Providing the information to the consumer in an easily digestible form and translating that interest into sales is an art. Numark, for example, print a leaflet for consumers called "Taking better photographs". Everything from knowing your camera, to composition, to film type is covered.

Kodak, on the other hand, are using symbols on their New Kodak Gold films and accompanying point-of-sale literature available to the trade in April.

As well as educating the consumer, they provide a useful reminder for the pharmacist or assistant. But often a tailor-made education package for the trade is the only answer.

Educational push

Film manufacturers have cottoned on to pharmacy education packs and the power that pharmacy assistants have in the purchasing process.

Kodak, for example, are teaming up with AAH Pharmaceuticals in Glasgow for trials during the coming months. Workshops will ensure assistants know details of the full product range, as well as concepts such as film speeds. They will also be taught to ask consumers whether they need another film.

But it is no use if the film is hidden on inaccessible shelves where the consumer cannot even see the symbols.

"In the past, we have failed to give the correct [display] material to pharmacists to get

over the problem of pilferage," says the newly-appointed sales director of Kodak's pharmacy and drugstore division Neil Murphy. And it is this fear of shoplifting that has meant film displays at the back of shops —

Not a lot of people know ...

- Given the choice of matt or glossy prints, over 95 per cent of customers will plump for glossy.
- When different size prints are available, nearly all customers go for the 6 x 4in "30 per cent bigger superprint". This marks an increase in print size over the years. But if the D&P industry has its way, prints will grow further to the more profitable 7 x 5in size.
- In 1993, 78 million colour negative films were developed.
- Like the film market, D&P is heavily geared towards 35mm colour print film (85 per cent of volume). The rest is left for 110, 126, 120/220 and disc films to scrabble over.
- Some 13 per cent of D&P is done in September, generating nearly three times as much revenue as the dead months of February and November.

Continued from p475

Customers tend to confuse prices, anyway, according to market research. The combination of processing time, print size, replacement film and money-off vouchers can often make prices difficult to compare.

Price wars?

Where price competition does play a role is within a particular D&P sector, for example, between minilabs along the same high street.

The traditional days of advertising to bring in new customers are in decline. Now promotional budgets are more likely to be transferred to below-the-line offers and price cuts rather than the lavish campaigns of the past.

Ten years ago, photo-processors spent £7.6m on advertising 57 brands. Now the spend is one-third of that (£2.4m) for just 17 brands.

The future for the shrinking D&P market looks grim. A lift in the economy and reasonable Summer weather should recover some lost ground. By the end of 1994, the market should be worth £400m, rising to £410m in 1995.

But competition from other outlets will continue. As well as specialist camera outlets, corner shops, supermarkets and pharmacies, D&P services will also be appearing in dry cleaners and garages. In fact, any other outlets with an established distribution network.

Market data supplied by EIU Retail Business.

not exactly encouraging film sales, he says.

All that is about to change. Kodak are producing display material specific to pharmacy. "It may be back-fed and will be pilfer-proof as we can make it," he says. The units are still

Continued on p47

Chemist & Druggist 19 MARCH 1993



The Best in Europe.

Continued from p476

being designed but should be ready after Easter, the key start to the photo season. They will go on trial in about 300 multiples — Lloyds, Hills and Moss — before widespread distribution.

Promotions

Film advertising seems to be picking up and now stands at £7.4m-worth a year. Kodak is still the biggest player by far, but recent heavyweight campaigns by Fuji are providing Kodak a run for their money.

Below-the-line promotions usually involve price cuts, often on multipacks. Now 20 per cent of films are bought in packs of two or more.

The Fujicolor Super G "3 for 2" promotion, for example, was so successful at Christmas that the company is extending the

promotion via Prints by Kodak outlets, with an extension to the end of April for Unichem Photo-service chemists.

When a consumer puts in two rolls of film for processing, he or she will receive two vouchers. These will then allow the third film to be processed for free. Vouchers can be redeemed until the end of May at Unichem.

They are also running a D&P promotion unique to Unichem, whose processing they took over a year ago. Films with 36 exposures for the price of 24 are being sold through Moss Chemists, Unichem's retail chain. But now, these 36 exposure films can be processed for the price of 24.

Linked to D&P

This type of D&P/film promotion link has been made easier with Kodak's recent

followed. With the World Cup this year, Fuji are running a competition for tickets to the final in Los Angeles linked to Fujicolor Super G, Fujicolor Real or any Fujichrome process-paid film sales. Buyers of Real film can also enter a competition to go to the US Tennis Open championships in New York.

Whatever the promotion, manufacturers are eager to push film sales all year round. So, a year-round gift must be found. Vantage, for example, are offering consumers a choice of one of ten designs of free photo greetings cards, worth £1.99, for every two films bought.

Market information supplied by EIU Retail Business unless otherwise stated.



Weather symbols tell the consumer what conditions the film is suitable for

offer through the Spring. As well as the 200 ISO pack, the promotion will also apply to 100 and 400 ISO films. The triple-packs have a built-in hook for easier display.

Cut price D&P is also used as an incentive to buy. Until the end of March, Kodak are running a "One, two, free"

restructuring. On February 21, Kodak joined their consumer products and D&P divisions which will run tailor-made promotions for the pharmacy sector under the eye of Hilary Bowen.

Linking film sales to competitions is another route of boosting sales that Fuji have

Who buys film?

Knowing who buys film may help when planning promotions, store layouts and price strategies.

- Women between the ages of 35 and 55 are most likely to buy film from pharmacies (data from GFK for Kodak).
- The highest concentration of buyers are in the 25-44 age group, with 86 per cent penetration. But over half of the over-65s also buy them.
- Three-quarters of all adults buy at least one roll a year.
- Some 84 per cent of consumers in socio-economic group A buy film, falling to 59 per cent of group E consumers.
- There is little geographic variation in film buying habits, although those living in London and the South East are slightly heavier users. Scots, on the other hand, are less likely to buy film.

Data supplied by EIU Retail Business unless otherwise stated



Tudor Photographic's own-brand film, XLG, is a high contrast film that produces sharp colour images. It is available in 100 ISO (12, 24 and 36 exposures); and 200 ISO (24 and 36 exposures)

Snapshot

Just when depression was really setting into the photography market, disposable cameras came along. Even better is that this much needed shot in the arm will last longer than the cameras themselves

Single-use cameras, disposables, throwaways, call them what you will, are the only growth area in the photography market. Sales are mushrooming by at least 30 per cent a year, with £1.5 million sold in the UK alone (Numark data). Better still, they are not taking sales away from any other sector because they have changed the way people take pictures.

More and more consumers are buying disposables for the beach, parties or outings, where there is a high risk of attack by sand, wine or worse. Their light weight and compactness makes them ideal for slipping into a pocket, something an SLR just will not do.

Manufacturers hope to tap into the 16-34 age range who, according to Boots' Trevor Bish-Jones, traditionally see photography as rather old fashioned, dull and passé. By giving the cameras bright colours and emphasising the "carefree" aspect of using their products, they hope the appeal will stretch to younger consumers.

Sophistication

The original disposables used a standard 24 exposure 400 ISO film. This is still the best seller and retails for about £5.50. But today's models are more sophisticated, with panoramic, aquatic and flash versions available.

Japanese and US consumers, having had a head start on the UK are now treated to models for fast-moving sports subjects; in-door use without a flash; a version with a fish-eye lens; and one with a soft focus lens. These may cross the Atlantic to boost the market further.

In the longer term, a disposable camera the size of a packet of cigarettes is on its way. It uses 35mm film which can be developed using current processing technology. Kevin Day, general sales and marketing manager with Konica UK, would not say when it would be available in the UK but it will be introduced in Japan by the end of the year.

Kodak are the disposable camera market leader in the UK, selling about 60 per cent b

nd throw

volume, followed by Fuji with 20 per cent. Konica and Agfa each have less than 5 per cent, with own-label taking the remainder.

"Quality" look

Unlike most manufacturers, Kodak have made their latest disposables look like normal cameras; they have dropped the primary colours from the packaging to give the products a "quality" feel. Although they are still aimed at the younger consumer, they hope the redesign will not alienate parents and grandparents.

camera, which retails at £8.99.

Pharmacy debut

New to pharmacy are the Le Clic range of disposable cameras which are distributed through pharmacy by Network Management.

The Everflash variant is believed to be the only disposable with a removable and re-usable flash unit. They also produce own-label disposables.

Numark have recently teamed up with Sangers to offer a wider choice of photographic and video



Our versions of Kodak Fun cameras will be available from April

There will be four versions of Kodak Fun cameras available from April, updated models on the cameras originally launched in 1988.

They each contain the new Kodak Gold 400 film, have clearer instructions, give more information about recycling, and feature clearer Kodak branding.

Kodak Fun (SRP £5.49) and a flash version (SRP £8.99) keep their original names. But Fun aquatic is now known as Fun Waterproof (SRP £8.99) and Fun panoramic is now Fun Wide angle (SRP £7.99).

A national television and cinema advertising campaign is supporting the brands during the Summer, Autumn and at Christmas.

Making a splash

Konica have extended their Film-In range with the introduction of an underwater version called Film-In waterproof.

It can be used to a depth of 1m so is suitable for snorkellers, water sports enthusiasts or for beach and poolside use.

The camera is housed in a transparent plastic body that has an extra large film advance knob and a rubber wrist band. Konica Super XG 400 film with 27 exposures is used in the

products through their network of wholesalers.

They, too, are entering the disposable market with the launch of two variants in June, one with and the other without flash.

Despite the growing popularity of single-use products, compact camera manufacturers are still enticing customers with new products.

Canon, for example, are offering the Canon SureShot M, a slim camera with a wide-angled lens allowing photography down to 0.45m away from the subject.

Auto-exposure, autofocus and a built-in automatic flash are standard. The time and date can also be printed on the back of the print. The suggested guide price is £139.99.

The Canon SureShot Z115 comes with a power 38-115mm zoom lens and sells at £289.99.

Seven "best shot" settings relate to the type of photograph required, whether this be action, night, portrait, close-up, spotlight, full auto or silent auto mode photography.

Pentax are unveiling two new compact zooms in May, the Espio 70 and 110 models.

Espio 70 has a 35-75mm zoom and retails at £169.99 while the Espio 110 has a 38-110mm lens but no RRP had been set as C&D went to Press. For more details, see this week's Counterpoints.

A new family of BigMini cameras will hit the shelves this year from Konica. There will be an updated BigMini HG, an autofocus SR (£79.99), as well as the Junior. Also due for release is a new Pop, the EF-80 with autofocus (£39.99).

New to pharmacy are the Le Clic range of brightly-coloured compacts and 110 cameras available exclusively through Network Management.

They retail at £3.99 for the 110 camera without flash to £24.99 for a 35mm autowind and built-in flash model.



New to pharmacies are the Le Clic range of compacts

Both come with 24 exposure 400 ISO EXL colour print film. The daylight version will sell for £4.99 while the flash model is

£7.99, giving a maximum profit on return of 27 per cent. Data from EIU Retail Business unless otherwise stated.

Batteries not included

Buying batteries is often the last thing customers have in mind when they go into a pharmacy. Some 74 per cent of sales are made on impulse.

Of the three types of camera batteries stocked by pharmacists, alkaline are the most popular, with 63 per cent of business. That is set to rise to 70 per cent by the year 2000.

Duracell are capitalising on the popularity of these alkaline batteries, mainly AA ones for cameras, by running a "six for four" offer pack over Easter.

But zinc batteries are losing sales as a result of alkaline's lead, taking just 23 per cent of pharmacy sales.

Lithium batteries, on the other hand, is the biggest growth area, with 30 per cent year-on-year growth. Two-thirds of new cameras can only use lithium batteries and that figure is set to rise. By the end of 1994, lithium will provide 68

per cent of camera power.

Duracell's Lithium Photo range of five batteries was launched last year to replace their Lithium XL range.

But three of them — DL123A,

DL223A and DL245 — account for over 80 per cent of their lithium sales. The DL123A alone is used in 34 per cent of new cameras.

Data from Duracell and Varta.

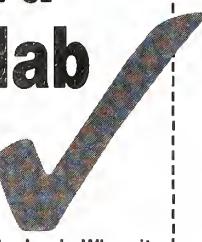


Duracell are running a "six for four" offer over Easter

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Photography

Make your photo sales attractive

Good merchandising helps sell product, and photographic products lend themselves to colourful displays. Fuji put forward a few thoughts on how to make the most of manufacturer's point of sale material

It's no good stocking the best range of any product in the area if nobody knows you've got it — yet that's the risk many pharmacies run with film.

Film tends to be a seasonal seller and it's often confined to a shelf that's tucked away, sometimes even out of sight of the customer. Daft really, for film is something which can be very good for business.

So why not bring it out of the shadows and leave your customers in no doubt that you carry a good range of quality, branded film. If you sell cameras, make sure your customers know that, too, and shout, metaphorically of course, about the fact that they can bring their films to you for processing.

Make sure you've got the latest point of sale display from your film and camera suppliers. Each year manufacturers spend tens of thousands of pounds on designing and producing point of sale with the sole aim of encouraging people to buy. Look at the "explosive" material Fujifilm produced when they launched their award winning Fujicolour Super G film — no-one could miss it. It's there to help you sell so make the most of it.

You should, after all, have a fairly significant captive audience to sell to. Customers who are waiting while prescriptions are made up will wander around the shop looking at all sorts of different things. The kind of eye-catching POS material your photographic suppliers provide will be given a real chance to work.

Keep an eye open for special offers and promote them as much as you can. Three films for the price of two, for instance, is a very successful offer often made by film companies — all you need to do is display the material supplied and every time a

customer asks for a film, remind him how much he could save if he buys a second.

If you don't have your own minilab but act instead as an agent for a local processor, make sure they let you have as much display material as possible. After all, it's in their interests as well as your own to do so.

Displays will tend to feature typical customer photographs — nothing sells photography better than photographs — and highlight just how easy it is to have enlargements or extra copies made.

If you run your own minilab, you will already have a focal point in the shop for photo sales, but whether you have or you haven't, why not create a separate photo display in your shop window so that passers-by and window shoppers know you're in the photo business too?

The opportunity is there for you and if you'll pardon the photographic pun, all you need to do is develop it!

Make the most of display and merchandising material provided by manufacturers. Highlight special offers. Use your minilab, if you have one, as a focal point



Local negotiation fears 'unfounded'

Threats and opportunities for community pharmacy were on the agenda at Sunday's Pharmacy Support Group meeting in London, where personal experiences of hard times provided the ground for lively discussion and debate

It is only natural that national bodies should object to local negotiations, and worry that they might be less successful and lead to regional differences. But are these fears justified?

Alan Smith, former chief executive of the Pharmaceutical Services Negotiating Committee, thinks: "The fear of local negotiations is, in my opinion, unfounded." He quoted examples of progress in Dorset, Liverpool, Barnet and Wiltshire. "I have every confidence in the ability of local pharmaceutical committees to manage the interests of contractors at a local level, and indeed they have every incentive to do so."

He was disappointed that some LPCs advocated that money allocated for local administration should be

ring-fenced. If this happened, everyone would want the same treatment, he says.

"I am much more optimistic about the ability of pharmacists to convince those commissioning healthcare of the undoubted value of pharmacy and pharmacists; and to fight their own corner based on the quality of the service they give," he says.

Speaking personally, Mr Smith says he is not distressed about the future of the profession. "The opportunities are endless provided we set out our stall at local and national level so that consumers, patients, commissioning agencies and FHSAs can see what we offer."

Turning to remuneration, Mr Smith believes that negotiating on the basis of increased costs and the need to cover these

costs was a non-starter.

"Substantial rises in pharmacists' remuneration will only come by the utilisation of their undoubted talents to give a quality service which, at the same time, gives good value for money to the NHS," he says. "Pharmacists must change their emphasis from being suppliers of drugs to being purveyors of total healthcare management services."

This service, he said, would be more patient than drug-orientated and would need a positive attitude of co-operation with the DoH.

On the question of PSNC itself, Mr Smith says he would like to see the Committee reduced to 12 members consisting of four pharmacists nominated by the Company Chemists' Association and the Co-operative Technical Panel,



Alan Smith

and eight elected on approval by the independent sector. The Society and the NPA would have one member each with observer status.

PSG wages war on profit margins

Products with low margins are prejudicial to the survival of the profession and the trickle of these products threatens to become a downpour unless pharmacists unite and protest strongly, warns PSG chairman Iman Patel.

A small change in the gross margin of a product produces an unproportionately large change in the net margin. At a gross margin of 33 per cent, the net margin is 8 per cent but if the gross margin falls to 25 per cent, net margin is wiped out.

"The purpose of cutting margins quite simply is to advertise the product at our expense. Such action insults our intelligence and offends our dignity. The intention of these companies is to market pharmaceuticals like soap powders and to exploit pharmacists as conveniently located, simple-minded delivery boys and to reward them accordingly."

Mr Patel's suggestions include: writing to companies re-introducing nostrums asking wholesalers not to accept transfer orders for medical products with margins less than 33.3 per cent, refusing to stock items or only keeping minimal stocks, keeping stock out of sight and discarding display material or substituting items from offending companies with equivalent products.

Independents: unite to support each other

If, as a united force, independent pharmacies act together then they are a force to be reckoned with, says Bristol contractor Susan Ramsdale.

Outlining what she sees as the threats, she says that small independents often think they have a small voice and feel powerless to resist the multiples. This need not be the case, she told the meeting.

"Many of us even now are finding life as an independent contractor too stressful. We fear for the future and want to get out. However, let us remember that we are still in the majority. If we support each other, stop fighting each other and band together in our individual areas to fight encroachment of the multiples, then we can survive."

Mrs Ramsdale says it must be in the everyone's interests that there should be a diverse var-

iety of community pharmaceutical services provided.

On top of the Government's policy of "non-support and financial attrition", she has, over the past two years, successfully fought off three applications for in-store pharmacies in her area. Even so, there was always the threat of pharmacies opening without contracts.

The growth in the number of premises being acquired by the retailing arms of pharmacy wholesalers was another area of concern.

Independents could find themselves fighting an application from a company and, at the same time, using

their wholesaling arm in their own business. "After giving us many years of loyal service, surely we should not just dump our wholesaler for the sake of very little more discount from a rival company," she says.

But this argument works both ways. "After giving our wholesaler many years of our business we should be able to expect support, fair dealing and certainly not aggressive competition against us by our own wholesaler's retail company."

Mrs Ramsdale praises the system of loan guarantees by wholesalers to the banks which enabled customers to purchase their pharmacies.

LPCs need to 'adapt or die'

"Adapt or die" is the message for the local pharmaceutical committees of the future from Michael Levitan, secretary of the Middlesex Group of LPCs.

"LPCs are going to have to be more dynamic, more business-minded and more professional to make sure they continue to represent the interests of their contractors and to ensure they keep hold of what they have and get an increasingly large slice of the NHS cake."

LPCs will have to be trained to do a job they never envisaged having to do. They have to become more like bridges, building relationships between contractors and

organisations with money to spend, while keeping an eye on the interests of the patients.

"I think LPCs will continue to have a prime role in protecting the interests of the contractors who fund them although it may well become increasingly difficult for LPCs to represent the interests of all contractors."

As for LPCs' relationship with PSNC, Mr Levitan says that committees should be telling their negotiators what they wanted to see happening on the global stage. "We never want to see our representatives being out of step with the contractors they purport to represent again," he says.



Bristol contractor Susan Ramsdale

Conference with nothing to discuss

Further to our recent letter complaining about the format of the LPC Conference, dare we say: "We told you so!" The three presentations at the morning session of the Conference were very good, the remuneration report was brief ("no offer on the table") and the afternoon session a complete and utter farce.

What a waste of contractors' money, transporting over 200 delegates to the Grosvenor House Hotel to be told that the Department had yet again failed to come up with anything, and that because time had run out, Conference was unable to complete the main business scheduled for the afternoon session.

While writing, we would mention that we do support the dinner, however, and found it an extremely effective forum for putting the profession's viewpoint across. The MPs we sat with were both interested and receptive, and we both feel that this particular facility should continue. It is only fair to mention that we were impressed with Mr Sharpe's speech: it was both hard-hitting and well-reasoned, and perhaps we detected the Secretary of State squirming in her seat a

little!

A suggestion for next year — no conference until there is an offer on the table. There is surely no point in having a discussion without anything to discuss.

M J Mansour, chairman
P N Clark, secretary
St Helens & Knowsley LPC

Future past, present perfect on PSNC?

Can I firstly through *C&D* say thank you to contractors in the Anglia Region for re-electing me to the Pharmaceutical Services Negotiating Committee. I deeply appreciate their continued support at an extraordinarily difficult time both in terms of overall financial settlement and, perhaps even more importantly, in future direction.

Last week in your columns you carried a statement from the PSNC chairman, David Sharpe, in which he welcomed change in PSNC membership. I do, of course, welcome new colleagues to PSNC and look forward to working with them, but I would also say that I am saddened by the loss of many colleagues who have put in so much often unacknowledged

work in the past.

The less glamorous areas — such as ensuring correct Drug Tariff prices, producing guidance to local pharmaceutical committees and individual contractors — can be very time consuming but are essential. The expertise of those no longer on PSNC will be sorely missed.

I understand, of course, the frustration of contractors. Clearly, as is their democratic right, they have taken that frustration out on the elected regional representatives.

This may highlight the difficulty of a body that is part-appointed and part-elected — the forthcoming review of structure may have a bigger job than was at first imagined. Statistics will be needed to show how the electorate has changed.

In my region 10 per cent or more of those contractors who would have had a vote four years ago were not so entitled this time because they are now part of the membership of the Company Chemists Association.

Over the past year or so there has been a polarisation between company-owned pharmacies and independent ones, between larger pharmacies and smaller ones, and sometimes between London-based ones and those from outside London as well. At times of increased remuneration, or even apparently increased remuneration due to inflation, these tensions are not so obvious. In today's climate of freeze and change they are.

It is going to take the effort of all working together to safeguard, not only our future, but also the service we provide to patients.

David Coleman
Stalham, Norfolk

Banned from the doctor's surgery

I have recently started working in a newly-opened essential small pharmacy near Salisbury and I am feeling rather bewildered (see *News* p453).

The surgery next door has had to stop dispensing due to the opening of the pharmacy. For no apparent reason other than a loss in revenue, the GPs are resorting to every trick in the book to prevent us providing a service to local residents.

The tactics include sending prescriptions to Boots, 12 miles away, by implying to patients that this is also what we do, as we do not stock any medication. They have prescribed foreign branded and discontinued lines, which in one case culminated in the drug company telephoning the doctor concerned to confirm

the discontinuation.

I have tried meeting with the doctors, even trying to register with them as a patient (since my GP is in London). However, I was rejected: the practice supervisor decided with the doctors that there was "nothing to gain" with any meeting.

The doctors at the surgery claim that it's nothing personal — it's just that no pharmacists are welcome, a sort of a "pharmacist unfriendly zone!"

We have achieved a loyal following in the community by providing reliable healthcare awareness. The real sufferers are the local people who are missing out on our valuable services. The problem is that the community does not actually know what a pharmacist does and so by believing their doctors think our profession has no place in the healthcare team.

I have heard about this lack of awareness in the past but never took notice till now. When will the powers-that-be do something effective to help the general population (especially in the rural areas) to be more in tune with the important role a pharmacist plays. We are neither "the poor man's doctor" nor failed medics, and definitely not "over-qualified dispensers". We are pharmacists and stand in our own right.

Just because we do not force our qualifications on these doctors it does not imply second rate status. I feel now more than ever we need a campaign that is going to be more effective than in the past. As far as I am concerned the previous ones (including the "Ask your Pharmacist" campaign) were too easily forgotten.

The latest grisly twist to the story is a piece of advice, written to me personally, from a doctor at the village's other surgery: "Stay in touch with your job market. I believe your stay in Durrington will prove temporary", he writes.

I have been banned from the other surgery, having been warned that it is a private property. Despite this ban I had to go to the surgery at the request of a most distressed patient who was going to run out of medication before Boots had dispensed her prescription. She claims she was bullied into this situation. The doctor rang me up, not to ask me to collect her prescription, but to tell me that I was still banned! I am proud to be doing my job and will not stoop to their depths, or get depressed by their antics. However, where I draw the line most strongly is when they use their patients as pawns against the pharmacy.

I Dajani
Durrington, Wilts

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NIC 1A/94

TON: Transdermal therapeutic system containing nicotine, available in three sizes (30, 20, and 10cm²) releasing 21mg, 14mg and 7mg of nicotine respectively over 24 hours. INDICATION: Treatment of nicotine dependence, as an aid to smoking cessation. DOSAGE: Stop smoking completely when starting. For those smoking more than 30 cigarettes a day, treatment should be started with NICOTINELL TTS 30 once daily. Those smoking less should start with NICOTINELL TTS 20 once daily. Sizes of 30, 20 and 10cm² permit gradual withdrawal of nicotine replacement, using treatment periods of 3-4 each size. Doses above 30cm² have not been evaluated. The treatment is designed to be used continuously for three months, but not beyond. However, if still smoking at the end of the three month period, further treatment may be recommended following a re-evaluation of the patient's motivation. CONTRAINDICATIONS: Non-smokers, occasional smokers, children under 18 years. As with smoking, NICOTINELL is contraindicated during acute myocardial infarction, unstable or worsening angina pectoris, severe cardiac arrhythmias, recent cerebrovascular accident, pregnancy and breast feeding, skin diseases, patch application and known hypersensitivity to nicotine. PRECAUTIONS: Hypertension, stable angina pectoris, cerebrovascular disease, occlusive peripheral arterial disease, heart failure, hyperthyroidism, diabetes mellitus, renal or hepatic impairment, peptic ulcer. Persistent skin reaction to the patch or to the patch at all times. SIDE EFFECTS: Smoking cessation causes many withdrawal symptoms. Most common adverse effects directly related to nicotine patches are reactions at the application site (usually erythema or pruritus). Other events which may be related to smoking cessation include: drowsiness, dizziness, headache, sleep disturbances, gastro-intestinal disturbances, and myalgia. LEGAL CATEGORY: P. PACKS: NICOTINELL TTS 10 (PL0001/0173) in packs of seven patches, trade price £8.21, retail price £14.47. NICOTINELL TTS 20 (PL0001/0174) in packs of seven patches, trade price £8.64, retail price £15.23. TTS 30 (PL0001/0175) in packs of seven patches, trade price £9.07, retail price £15.99. ©denotes registered trademark. PL HOLOER. Ciba Geigy Plc, Macclesfield SK10 2NX. Further information is available from Zyma Healthcare, Holmwood, RHS 4NU. DATE OF PREPARATION: January 1994

ABPI suspends Fisons and Duphar over malpractice

The Association of the British Pharmaceutical Industry has rapped Fisons, Duphar and Glaxo on the knuckles after non-conventional sales practices were first brought to light by the *Sunday Times* last November.

Allegations of malpractice ranged from bribing GPs to prescribe certain drugs; lavishing them with expensive holidays and trips; and asking pharmacists to refer certain patients back to their GPs (C&D November 13, p880; November 20, p930; and November 27, p970). Glaxo's actions, in particular "did not recognise the professional standing of the pharmacist".

The ABPI suspended Fisons pending an audit of their sales procedures by the Prescription Medicines Code of Practice Authority but reinstated them soon afterwards. The company had to pay the costs of the audit and are recommended to have another audit later this year.

Duphar Laboratories are still suspended pending an audit into sales of Faverin. They too will have to bear the costs.

Glaxo, however, are still ABPI members even though Allen & Hanbury's Flixonase sales practices had been queried. Because they acted promptly to get the matter out into the open "it did not seem inequitable that a

company which took the correct steps might be placed in a worse position than a company which attempted to hide any wrong-doing". Glaxo were, however, the only company of the three to use pharmacists to generate more sales.

For about three months, reps were handed a briefing card instructing them to "persuade pharmacists to identify those patients who either purchase ... decongestants or who obtain scripts for other nasal sprays, and to refer them back to their GP for consideration of an alternative therapy". Glaxo say that at no

time were pharmacists asked to recommend Flixonase or any Glaxo product and no names of patients were handed over.

But the ABPI's panel saw that Glaxo did not draw any distinction between patients who were satisfied with their treatment and those who were not. Therefore, patients could be referred to their GP for alternative treatment even if their condition was being controlled by over-the-counter medicines.

As such, the ABPI ruled that Glaxo did not "recognise the professional standing of the pharmacist".

Prescribing waste savings to cover cost of new drugs?

"Spending on medicines prescribed by GPs is unpredictable," Melvyn Jeremiah, under secretary at the Department of Health, told guests at the British Association of Pharmaceutical Wholesalers' annual dinner.

"But if the amount exceeds the amount available in one year the excess has to be found, either from other areas of healthcare or offset against provision in subsequent years."

Mr Jeremiah believes that there is sufficient waste in prescribing habits to cover the margin necessary to accommodate pharmaceutical advances.

"The recent Audit Commission report on GP prescribing bears this out."

Mr Jeremiah then referred to the Medco/Merck merger in the US where Medco was, in effect, a wholesaler. "As the NHS internal market develops, commissioning authorities may reach such a level of sophistication that they specify drugs to be prescribed for certain indications — in effect a local formulary.

"Wholesalers will need to think that through very carefully, perhaps suggesting to purchasers packaged deals of drugs at favourable prices."

BAPW chairman David Taylor said he told the NHS Supplies Association of BAPW members' ability to distribute products to hospitals that the NHSSA had negotiated a price for.

S&N's sales rise 10.6pc

Smith & Nephew, the bandages to toiletries company, has announced a sales increase of 10.6 per cent to £948.7 million. This generated pre-tax profits of £170.6m, up 10.3 per cent on the previous year.

The healthcare side of the business generated the bulk of sales, £781.6m, an underlying growth rate of 8 per cent. Of this, wound dressings brought in £136.4m, growing 9 per cent on last year.

Consumer products, however, generated sales of £149.6m, up just 2 per cent when currency effects are stripped away.

North America remains the company's largest market with sales at £427.9m or 45 per cent of total sales. The UK's turnover dropped slightly to £154.7m.

Toiletries site ablaze

A fire thought to have been started deliberately at Network Management's manufacturing and distribution site in Aldershot has damaged raw materials and warehouse facilities.

A local 11 year old girl has been questioned by the police in connection with the blaze, which caused at least £100,000-worth of damage earlier this month.

The fire damaged raw materials used to make the company's Innoxa and Christy skincare, Sally Hansen nailcare, Leichner cosmetics, and Noir and Cachet fragrances. This is as well as damaging 10 per cent of the roof. Two finished goods warehouses were also affected.

The alarm was raised at 3.30pm on Sunday, March 6 when smoke was observed from the Ivy Road site.

Four fire engines attended and it took firemen an hour to bring the blaze under control.

Staff were called in to work at 5am the day after the fire to help clear up the debris. As stock levels were adequate, supplies were not disrupted, says commercial director Colin Williams.

Neither Hampshire fire service nor Network Management will confirm how the fire started but six 50 gallon barrels of chemicals were thought to have been set alight.

Hampshire police had passed details to the Crown Prosecution Service but had not charged the girl at the time C&D went to Press.

First sales drop since March '93

Chemists reported the first drop in sales since March 1993 according to the latest Confederation of British Industrial distributive trades survey.

Sales for the time of year are below normal say almost a third of firms, with 3 per cent of chemists reducing order compared to a year ago. Stock levels remain high.

Despite this fall in February sales are expected to rise in March, say 19 per cent of firms. However, orders placed with suppliers are set to fall slightly.

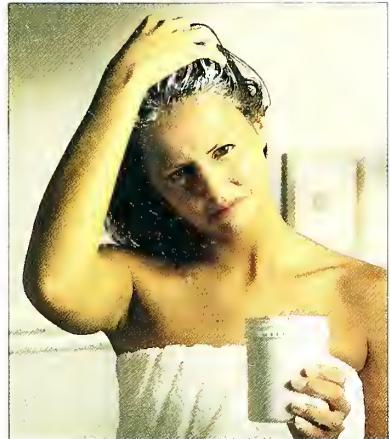
Stock levels are expected to remain high in relation to demand.



BAPW chairman David Taylor (second right) with guest speakers Melvyn Jeremiah, under secretary DoH (second left), Evan Sutherland, deputy director NHS Supplies Association (far right), and Roger Bell (far left), chairman of the BAPW's 41 associate members

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Union negotiates Sunday pay deal with Boots

Shop workers' union Usdaw has negotiated better Sunday working conditions for half-a-million people including 1,300 Boots' retail staff.

Their deal with eight companies is over and above concessions already made in the Sunday Trading Bill now passing through the House of Lords.

Under the agreement, employees will only have to give one month's notice if they want to opt

Race Relations Bill

A Bill removing the £11,000 limit on damages which may be awarded by industrial tribunals in racial discrimination cases was given an unopposed second reading by the House of Lords on Tuesday. The Race Relations (Remedies) Bill was introduced by Labour MP, Keith Vaz.

Acne product

Roberts Pharmaceutical have acquired the UK rights to Topolycline from Procter & Gamble. It was previously marketed by Roberts' UK subsidiary Monmouth Pharmaceuticals under licence.

Glaxo agency

Recently-formed independent wholesaler PIF Medical Supplies have just been appointed as a Glaxo agent. The Nottingham-based company was rescued from the receivers by managing director Kamal Kotecha who started offering a full-line service from June last year. PIF supply independent chemists, dispensing doctors and hospitals within a 70-mile radius of their depot.

PEP for Scotland

AAH Pharmaceuticals are offering a Scottish version of their Link pharmacy computer system. This prescription endorsement programme automatically generates all prescription endorsements by analysing items in relation to the drug tariff as they are dispensed.

NOAH drive

Day, Son & Hewitt, the equine and pet specialists, have become members of the National Office of Animal Health. They are the third company to have joined this year, the others being Animalcare Ltd and Arnolds Veterinary Products. NOAH represents the manufacturers of 96 per cent of the total UK licensed animal medicines sales and is aiming to encourage yet more members. An open day will be held on March 30 at the NOAH office, 3 Crossfield Chambers, Gladbeck Way, Enfield, Middlesex EN2 7HF.

out of Sunday working, this right being written into their terms and conditions of employment.

Employees working for bosses other than Tesco, Sainsbury's, Argyll, Kingfisher, Dixons, W H Smith, Asda and Boots have to give three month's notice if they want to opt out under the Sunday Trading Bill.

Usdaw's deal also ensures that opting out is made as simple as possible and that employers try to reschedule working hours for existing employees who opt out of Sunday working.

They have also set a 39-hour week, with overtime paid at currently agreed rates "unless there is a significant change in the circumstances in which retail work is rewarded".

This would only happen after

consultation with union officials.

The agreement was negotiated by Usdaw deputy general secretary Bill Connor and applies to workers in Scotland and Northern Ireland as well as England and Wales. It applies to those working "in and around a shop" and not staff at off-site warehouse facilities.

Despite Usdaw's deal, they are continuing to lobby for more changes to the Sunday Trading Bill to match the concessions outlined above.

Usdaw also want working hours to be limited to eight a day, of particular concern to small shops whose hours are not limited by the Bill as it stands.

The union would also like to see the Bill extended to Northern Ireland and Scotland.

Floated Scotia lose £6.4m

Scotia's first annual results since their October flotation showed losses of £6.4 million, much of that due to escalating R&D costs.

The cost of research grew to £8.5m last year, up 11 per cent, because of increasing costs of phase III clinical trials; Scotia currently have five products at this stage. Extra costs of £2.3m were also incurred when buying back the UK rights for the nutritional products from Britannia Pharmaceuticals.

Turnover was £15.2m, a rise of 9 per cent on 1992, and was split evenly between pharmaceutical and nutritional sales.

Pharmaceutical sales grew 6.8 per cent, part of that due to increased income from distribution rights, up 5 per cent on last year.

Nutritional sales of Efamol moved up 11.3 per cent, with more rapid growth in the second half of the year when sales increased 39 per cent. This was due to a UK distribution deal with Zyma (C&D October 16, p686) and re-entry into the US market after a dispute over how

Inco firms restructure

Smiths Industries Medical Systems (SIMS) have bought the Kanga and Kylie ranges of incontinency products from Roche.

They will become part of Simcare, the SIMS' specialist community care company.

Kylie Kanga products include the bed sheets, first introduced in 1975, and re-usable marsupial pouch pants with insert pads.

Efamol EPO was classified (C&D October 23, p736).

Turnover for the first two months of the year have been described as "buoyant" although no figures were given.

The October flotation raised £37m cash, after expenses.

Coming Events

Research methods

The Pharmacy Practice Research Resource Centre is running a series of short courses on research methods.

The 1994 programme covers:

- questionnaire design and interviews (Birmingham, April 22);
- introduction to Epi info (Warwick May 23);
- preparing and presenting results (Brighton June 13);
- qualitative research and interviews (Birmingham June 24); and
- statistics for survey data (Southampton July 22).

Details from Keshi Minett on 061-275 2415.

Sussex conference

A day conference organised by the Sussex Pharmacy Academic Practice Unit is to be held on April 19 at the Preston Resort Hotel, Brighton.

With the theme "Working together — consumers, pharmacists and the health care team", speakers include Jon Merrills, Department of Health; Dr Geoff

Medeva's sales shoot up 39pc

Medeva announced sales of £220.4m, an increase of 39 per cent on last year, and pre-tax profits of £46.1m, up 28 per cent.

Sales of existing products grew 20 per cent helped by good winter sales. Evans Medical sales increased by 27 per cent mainly because of organic growth. Sales of Coracten, for example, more than doubled and Normax sales increased by 27 per cent.

Fluvirin, which accounts for 41 per cent of Medeva International's sales, saw turnover more than double. Although it is now available in ten international markets, supply had to be restricted to satisfy the high UK demand.

But sales of Vivotif, the UK's only oral typhoid vaccine, slowed following the Department of Health discouraging GPs from prescribing it. Diamorphine sales declined rapidly, this time from generic competition.

Last year finished before legal cases concerning their hepatitis B vaccine were resolved. Both Biogen and the Pasteur Institute took Medeva to court over alleged patent infringements.

1993 also saw a £95m rights issue and three major acquisitions.

Coming Events

Roberts, Royal College of General Practitioners; Patricia Wilkie, Patients Association; and Roger Odd, RPSGB. The registration fee is £50. Details from Ms Lourdes Colclough (tel: 0273 643480).

Monday, March 21

Southampton Branch, RPSGB, at the Southampton General Hospital 7.30 for 8pm. Discussion of motions for branch rep's meeting.

Tuesday, March 22

Northern Scottish Branch, RPSGB, at the Postgraduate Medical Centre, Raigmore Hospital, Inverness, 8pm. Discussion of motions for branch rep's meeting.

Scottish Department, RPSGB, at the Society's House, 36 York Place, Edinburgh, 7.45pm. "Clinical Pharmacy: a national speciality for Scotland" by Professor John A Cromarty, specialist in clinical pharmacy (Scotland).

Wednesday, March 23

Liverpool Branch, RPSGB, at the Medical Institute, 116 Mount Pleasant, Liverpool. Buffet 7pm to 8pm. Joint meeting with BMA. "Value for money in the NHS — the role of pharmacoeconomics" by Nick Well of Glaxo Pharmaceuticals (UK) Ltd.

Thursday, March 24

Weald of Kent Branch, RPSGB, at the Postgraduate Medical Centre, Kent & Sussex Hospital, Mount Ephraim, Tunbridge Wells, 7.45 to 8pm. "Forensic dentistry".

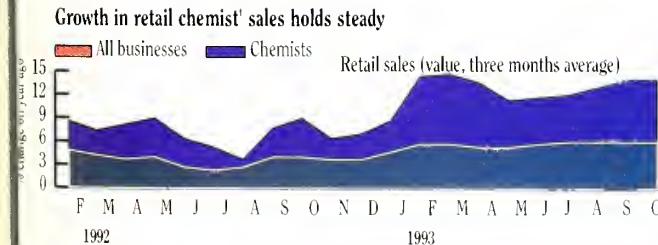
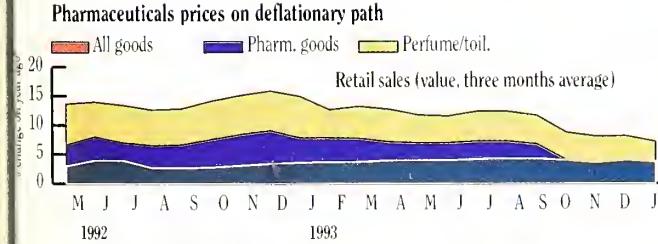
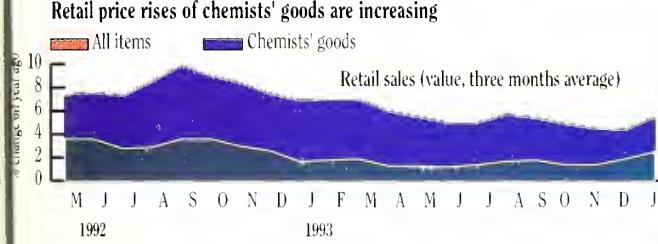
Demographic changes hold the key

Household expenditure on medicines and toiletries, which now accounts for 1.3 per cent of household spending, will benefit over the next ten years from an increase in the number of school-age and teenage children in the population, combined with the growing trend towards self-medication. That is the view of Mintel, the market research organisation, who forecast total consumer spending will grow 7 per cent in real terms during the next five years. In a new report, *British Lifestyles 1994*, they predict major growth

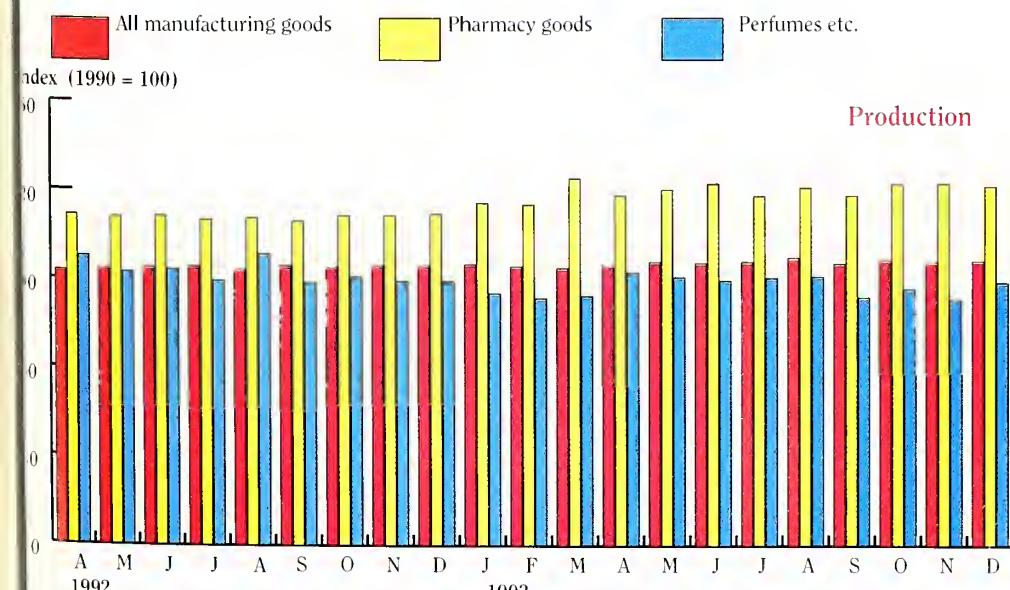
areas will be in spending on garden and household products.

But prospects for consumer spending over the coming months are less certain. The danger is that April's tax increases will undermine the already weak recovery.

Estimates from the London Business School suggest the impact will be relatively mild, with economic growth slowing to 2.2 per cent next year, from 2.5 per cent in 1994. Their prediction on consumer spending, however, is for a sharp fall in the annual growth



Pharmaceuticals output moving down



Period Latest Previous % change on year

Prices and costs

Retail prices (Jan 1987=100):

All items	Jan	141.3	141.9	2.5
Chemists goods	Jan	154.4	152.5	3.0
Manufacturing, excl food	Jan	111.4	110.8	2.6
Chemical industry	Jan	112.2	111.6	3.8
Pharmaceuticals	Jan	108.0	107.7	-1.2
Toilet soap	Jan	129.0	128.5	3.7
Perfumes, cosmetics toilet preps	Jan	121.8	121.6	3.4
Hairsprays and laquers	Jan	101.0	100.5	1.1
Toothpastes and powders	Jan	119.2	119.2	4.4
Bandages	Jan	119.4	118.5	2.1
Photographic materials	Jan	113.3	113.8	2.1

Average earnings (Jan 1990=100):

Whole economy	Dec	119.5	119.7	3.0
Distribution and repairs	Dec	116.0	113.1	2.2

Output (1990=100)

All chemicals	Qtr 4	108.2	108.2	1.6
Pharmaceutical products	Qtr 4	124.5	123.1	5.6
Perfumes, cosmetics, toiletries	Qtr 4	83.5	84.7	-1.1

Sales

Consumer spending (£bn current prices)	Qtr 3	101.9	100.1	6.0
Retail sales value (1990=100)				

All retail businesses	Jan	109	151	5.0
Chemists	Nov	123	113	9.0

Business indicators

Consumer credit (£m)	Dec	443	290	223.4
Net lending	Dec	4976	4972	7.5
New credit	Jan	9.9	9.9	-9.2

Unemployment (UK, per cent)

Unemployment (UK, per cent)	Dec	443	290	223.4
Jan	9.9	9.9	-9.2	

Sources: Central Statistical Office, Department of Employment

rate from 2.1 per cent this year, to a sluggish 1.1 per cent next. In the longer term, spending growth will not match last year's 2.4 per cent before 1997.

Smaller retailers are performing particularly badly within the generally dull picture revealed in the CBI's January poll of 15,000 retail, wholesale and motor trade outlets. Only the large multiple stores reported a significant increase in sales volumes.

Chemists reported sales up on a year ago, although the improvement was less marked than in November or December. Orders placed by chemists with their suppliers actually fell — reflecting excessive stocks in relation to sales — and a further trimming of sales levels was expected for February.

Official figures on High Street

sales were less gloomy, suggesting that in the three months to January, volumes were 0.8 per cent higher than in the previous quarter and 3.8 per cent higher than for the same period a year earlier.

The latest official statistics for chemists' sales show that in value terms business was some 8 per cent higher on average in September and October last year compared with the same months in 1992. In November, sales improved by nearly 9 per cent on October and were 9 per cent higher than in November 1992.

Fears over recovery

Further fears about the sustainability of the recovery were raised by the latest news on manufacturing output, which dropped by 0.5 per cent between November and December.

Detailed figures from the Central Statistical Office show that in the final quarter of last year production of pharmaceutical products by British manufacturers was up by 1.1 per cent — the best quarter's performance of the year — and was 5.6 per cent higher than at the same time in 1992. In contrast, output of perfumes and toiletries dipped by 1.4 per cent in the final quarter of the year, to a level 1.1 per cent down on the year.

Meanwhile pressure on chemists' margins may soon start to ease. The annual rate of High Street price inflation for chemists' goods in January was 3 per cent but factory gate prices of pharmaceuticals were 1.2 per cent lower than a year ago. Wholesale prices of perfumes and toiletries continued on a downward trend to a level 3.4 per cent higher than at the same time in 1993.

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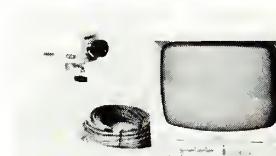
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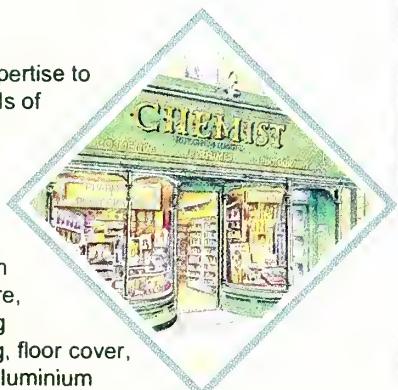
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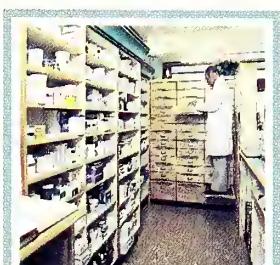
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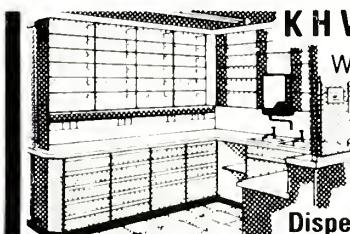
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A

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LONDON SE - Experienced reliable part time pharmacist required three mornings (Wednesday, Thursday & Friday) 9-1pm. Tel: 071-703 7077.

LEYTONSTONE, E11 - Long term locum pharmacist wanted for a friendly family run community pharmacy, no paperwork involved, but must have genuine interest in helping our customers and gaining their interest. Tel: 081-519 2253.

LONDON SE3 - Locum required two days a week on a regular basis, hours 9-5.30pm. Tel: 081-319 0115 or 081-319 1745 after 6pm.

BIRMINGHAM - Long term locum required for six months from July 1994. Tel: 021-373 4445 daytime 0922 645181 evenings.

WIRRAL - Locum required July 28-August 20 if available part or all of duration. Tel: 051-639 3531.

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GREATER LONDON OR NEAR - Experienced pharmacist available for regular or occasional Saturdays. Tel: 081-771 3300.

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HULL, DONCASTER, LEEDS, SHEFFIELD, LINCOLN & SURROUNDING AREAS - Scunthorpe based experienced locum available for days in March, also empty diary March 29 onwards, anything considered. Tel: 0724 863296.

SURROUNDING AREAS OF LANCASter/PReston OR LONDON - Experienced locum available for odd days, weeks or emergency cover. Tel: 0524 421471/424224 or 0860 281686.

MANCHESTER & SURROUNDING AREA - Experienced locum available for regular Fridays from April 8. Tel: 061-792 4418.

NORTH LONDON OR LUTON - Experienced and reliable locum available Monday to Saturday from middle of March, odd days also considered. Tel: 081-428 3311 after 8.30pm.

0 MILE RADIUS OF LEICESTER - Experienced locum pharmacist available for regular days. Tel: 0533 823987.

ONDON - Pharmacist available. Tel: 081-677 0938.

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TRADE LESS 50%+VAT+POSTAGE - 9x50 Creon 25000 caps (exp 8/94), 284 Orudis 50 (exp 5/96). Tel: 0548 842146.

TRADE LESS 30%+VAT - 184 Sabril sachets, 8x150ml Anafranil syrup, 8 Venetodisk 200mg refill, 20x100 Proflex cream, 1x60 Naprosyn granules, 16x50 Creon 2500, 3x20 Duovent UDV, 1 Becloforte disk refil. Tel: 0202 574386.

TRADE LESS 30%+VAT+POSTAGE - 1 Mint Tilade (exp 8/94), 108 caps Semprex (exp 7/94), 56 Adizem SR 180 (exp 8/94) 104 Uniphylin 300mg (exp 9/94), 2x30 Erymax 250mg (exp 1/95). Tel: 0742 343615.

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TRADE LESS 30%+VAT - 165 Celance tabs 1000mg (exp 4/94). Tel: 0825 762959.

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TRADE LESS 30%+VAT - 54 Gastromax caps (exp 7/94), 56 Tildiem LA (exp 7/94), 84 Securon 120mg (exp 2/95 & 5/96), 60 Tamoxifen 40mg (exp 3/95). Tel: 0443 433113.

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£250+VAT+POSTAGE - Elancyl, retail value £606. Tel: 0642 245859.

TRADE LESS 30%+VAT - Profasi 5000 (exp 8/94) 3x10 packs. Tel: 081-902 1674.

TRADE LESS 30%+VAT - 16x20ml Vento-lin resp/solution (exp 3/95). Tel: 071-703 2489.

TRADE LESS 40%+VAT+POSTAGE - Daktarin tabs (exp 9/94), 30 Nolvadex 40mg (exp 9/95), 2x28 Nitro-Dur patch (exp 12/94). Tel: 081-202 6262.

TRADE LESS 40%+VAT+POSTAGE - Duphaston 10mg tabs, Sando-K tabs, Univer 240mg, trade less 25% Predsol enemas, trade less 50% S266x4 packs. tel: 081-539 1805.

TRADE LESS 40%+VAT+POSTAGE - Lamictal 50mg tabs, 300 Benoral tabs. Tel: 0252 542807 Friday or Monday

TRADE LESS 30%+VAT - Ventide inhaler (exp 6/94), 60 Fluanxol 1mg (exp 6/96), Syntaris nasal spray (exp 7/94), 59 Leder-mycin 150mg (exp 10/94), 70 Ilosone 250mg (exp 7/96). Tel: 081-994 2447.

TRADE LESS 25%+VAT+POSTAGE - 2x30 Deponit 10 (exp 95), 3x56 Androcur 50mg (exp 96), 2x28 Betaloc SA (exp 96), 1x84 Drogenil tab 4x14 Distaclor MR. Tel: 041-632 6543 Mondays.

TRADE LESS 30%+VAT+POSTAGE - Human Velosulin (exp 12/95). Tel: 081-953 3320.

TRADE LESS 30%+VAT - 3x28 caps Dia-mox SR, 2 Varidase topical combipack, 5 Roferon A 3 million iu, 3 Humulin M2

100iu, 2x100 caps Cardene 30mg. Tel: 0222 494373.

TRADE LESS 30%+VAT - 25x5 Sandostatin amps 100mcg (exp 5/98), 25g Beppharm Nystatin BP, 5x10 Atrovent nebs 250mcg/ml. Tel: 0792 850530.

ANY OFFERS - Diltiazem 60mg 10x100 Thames Laboratories (exp 11/95). Tel: 0865 890587.

TRADE LESS 25%+VAT+POSTAGE - Aqua-dry freedom plus med 2x30+12 (exp 6/94), Pepti-Junior 3x450g (exp 6/95), Sandimun 25mx30 (exp 12/96). Tel: 081-660 1970.

TRADE LESS 30%+VAT+POSTAGE - 425 Bonefos 400mg caps, 127 Loron 400mg caps, 300 Antepsin tabs, trade less 50%+vat+postage 10 Fluvirin vaccines. Tel: 081-767 6005.

TRADE LESS 30%+VAT+POSTAGE - 1 Berotec inhaler, 1 Bricanyl spacer inhaler, 1 Rinatene nasal spray, 1x5 Torecan supps, 100 Arresoline 50mg, 51 Artane 2mg. Tel: 081-428 4373.

TRADE LESS 25%+VAT - Cyclokapron

500mg, Faverin 100mg, Rheumox 300mg, Gastrobid-continus, Ponstan caps, Disipal, Droleptan, Loxapac. Tel: 091-536 4640.

TRADE LESS 50%+VAT - 16 Rocaltrol 0.5mcg (exp 3/94), 154 Lentizol 50mg (exp 4/94), 160 MST tabs 100mg, 87 MST tabs 200mg. Tel: 0742 644455.

TRADE LESS 50%+VAT+POSTAGE - 425 Bonefos 400mg caps, 127 Loron 400mg caps. Tel: 081-767 6005.

ACCOMMODATION

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Free entries in "Business Link" (maximum 30 words) are restricted to community pharmacist subscribers to Chemist & Druggist. No trade advertisements will be permitted. Acceptance is at the discretion of the Publishers and depends upon space being available. Send proposed wording to "Business Link" using the form printed below.

EXCESS STOCK CAUTION: Pharmacists are responsible for the quality, safety and efficacy of medicines they supply. In purchasing from sources other than manufacturers or licensed wholesalers, they must satisfy themselves about product history, conditions of storage and so on.

To: Business Link, CHEMIST & DRUGGIST, Benn House, Sovereign Way, Tonbridge, Kent TN9 1RW.

PLEASE COMPLETE IN BLOCK CAPITALS

Surname

First names

Address

Postcode

Personal RPSGB Registration number

Telephone number

Proposed advertisement copy (maximum 30 words)

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To be included under section Heading

Signed Date

About people



Edwin Bessant, Whitehall Laboratories' director of trade marketing, pharmacy and Boots (second left), joins the judges of the 1994 "Fit for the Nineties" shop design awards. Whitehall co-sponsor the awards with *Chemist & Druggist*. From the left are National Association of Shopfitters president Mark Edmonds, non-voting chairman and *C&D* editor John Skelton, Whitehall marketing manager Ellie Hughes, and National Pharmaceutical Association director Tim Astill. The winning pharmacists and shopfitters have now been notified. Prizes will be presented on April 14 and details of winners and commended entrants published on April 23

MSc for Ailsa

Ailsa Benson, head of training at the National Pharmaceutical Association, has graduated with an MSc in Health Education from King's College, London.

Her thesis was on "Community pharmacists' perceptions of their health education roles and the barriers in fulfilling it".

Mrs Benson told *C&D* she was "eternally grateful" to the pharmacists she interviewed for her research.



Marion Merrell Dow are the first company to receive the Pharmacy Support Group's Green Cross award "in recognition of their efforts to promote the profession of pharmacy". The monthly award, decided by a panel of ten practising pharmacists, was presented to MMD's marketing assistant Maire O'Reilly by PSG chairman Hemant Patel at the PSG meeting on March 13. Glaxo were declared winners of the Group's Wooden Spoon award but nobody from the company was present to collect it

Medinger is new ABPI president

Till Medinger of Zeneca is to be the next president of the Association of the British Pharmaceutical Industry. He succeeds Mr Stewart Siddall, of Smithkline Beecham, who will complete a two-year term on April 14.

Dr Medinger, aged 53, joined the corporate laboratory of ICI in 1963 and moved to its pharmaceuticals division in 1970. He was appointed international marketing director in 1985 and subsequently international business director of ICI (Zeneca) Pharmaceuticals in 1990. Since 1993 he has been planning manager for Zeneca. He was chairman of Care Laboratories from 1985 to 1990.



Sean Lance of Glaxo Holdings, Richard Bailey of Lilly Industries and Dr Patrick Knowlson of Boehringer Ingelheim have been re-elected as vice-presidents of the Association.

Appointments

Shopfitters and display equipment manufacturers Beanstalk have appointed **Charles Mason** as managing director. He moves from Project Office Furniture where he has been managing director for the past eight years.

Ainna Fawcett-Henesy, currently regional director of nursing and quality at South East Thames Regional Health Authority, is now deputy director of nursing at



Professor Mike Rubinstein is the new director at the Liverpool School of Pharmacy, after spending seven years as professor of pharmaceutical technology at the Liverpool John Moores University.

After graduating from the University of London School of Pharmacy, he worked for ICI Pharmaceuticals before returning to the Square to complete his PhD in pharmaceutical engineering science.

Having qualified as both pharmacist and chemical engineer, he returned to industry before joining the then Liverpool Polytechnic as a lecturer. A readership followed in 1982 before he was appointed professor in 1987.

He currently leads a team of PhD students and one post-doc dosage form design research. He is also a consultant for industry.



THEY'LL BE LOOKING TO YOU FOR REAL RELIEF FROM HAY FEVER EYES.

Brol-eze from the makers of Brolene is now available over the counter.

For the coming hay fever season there is a major new opportunity to generate OTC growth. Brol-eze, containing sodium cromoglycate previously only available on prescription, is now on sale to everyone with hay fever eyes. Coming in value-for-money 10ml bottles, it's backed by an eye-catching advertising campaign reaching your customers throughout April and May. So now is the time to stock up. A full range of high impact pharmacy display materials will be available as well as a comprehensive pharmacy education and training programme.

CALL YOUR RPR FAMILY HEALTH REPRESENTATIVE TODAY ON 0323 414312.

 RHÔNE-POULENC RORER

Brol-ezeTM
EYE DROPS

FOR THE TREATMENT
OF EYE PROBLEMS RELATED
TO ALLERGIC SEASONAL
CONJUNCTIVITIS
INCLUDING HAY FEVER



ABBREVIATED PRODUCT INFORMATION Eye drops containing sodium cromoglycate Ph Eur 2% w/v as the active ingredient with benzalkonium chloride 0.01% w/v as preservative, disodium edetate BP 0.05% and purified water BP. **Indications:** For the treatment of acute (seasonal) allergic conjunctivitis, including hay fever. **Dosage:** Adults, children and the elderly. One or two drops into each affected eye up to four times daily. **Contra-Indications:** Hypersensitivity to sodium cromoglycate, benzalkonium chloride or disodium edetate. **Interactions:** None known. **Warning/Precautions:** Since sodium cromoglycate is essentially prophylactic, patients should be advised not to discontinue using the drops unless advised to do so. The eye drops should not be used whilst wearing soft contact lenses, because of the preservative they contain. As with other ophthalmic preparations, patients should be advised to discard any solution remaining 28 days after opening. Brol-eze should only be used during pregnancy where clearly needed. **Adverse Effects:** Following instillation of the drops, transient symptoms may occur. These may include blurring of vision, burning, stinging. Patients should be advised not to drive or operate machinery until clarity of vision has been restored. **Overdose:** Sodium cromoglycate is poorly absorbed through the gastro-intestinal tract. In case of overdosage, no action other than medical observation should be necessary. **Pharmaceutical Precautions:** Store below 30°C and protect from light. **Legal Category:** P. **Package Quantity:** Each bottle contains 10ml. **Retail Price:** £3.59. **Product Licence Number:** PL 0530/0356. **Holder:** Norton Healthcare Ltd. **Distributor and further information:** Available from Rhône-Poulenc Rorer, St Leonard's Road, Eastbourne BN21 3YG. **Date of preparation:** January 1994.

OVER £1M
ADVERTISING
SUPPORT

THE BEST NEWS *for EARS* IN YEARS

Otex® Ear Drops contain a unique, DUAL-ACTION formula that not only softens hardened ear wax, but also gently releases oxygen to help it fragment and disperse.

Clinically proven, with 10 years' prescription success, this highly effective formulation is now available
WITHOUT PRESCRIPTION.

And to make sure the "Best News" is really "Big News" we are spending well over £1 million in National Newspapers, TV and radio to tell your customers to ask you, the pharmacist, about **Otex**.

We are confident that you'll be telling them that **Otex's** unique dual-action formula is "the best news for ears in years"!



otex®
EAR DROPS

**CLINICALLY PROVEN TO DISPERSE EAR WAX
AND REDUCE THE NEED FOR SYRINGING**

OTEX Registered Trademark and Product Licence held by Diomed Developments Ltd., Hitchin, UK. Distributed by DDD Ltd., 94 Rickmansworth Road, Watford, Herts, WD1 1PF. **Active Ingredient:** 5.0% w/w Urea hydrogen peroxide. **Directions:** Tilt head, and gently squeeze 5 drops into ear. Leave for a few minutes and then wipe surplus with a tissue. Repeat once or twice daily for approximately 3-4 days or until symptoms clear. **Indications:** For the removal of hardened ear wax. **Precautions:** Do not use if sensitive to any of the ingredients, if ear drum is damaged or if any other preparation is being used in the ear. Keep away from eyes. If irritation or pain occurs, or if symptoms persist, stop treatment and consult your doctor. Keep all medicines out of the reach of children. **FOR EXTERNAL USE ONLY** **Legal Category:** P **Packs:** Bottles of 8 ml (PL 0173/0151), price £1.99.